

Record #1 of 97 **TI: Acupuncture for peripheral joint osteoarthritis**
ID: CD001977AU: Linde **KY:** Humans [checkword]; Acupuncture Therapy

YR: 2010 **US:** http://www.mrw.interscience.wiley.

SO: Manheimer Eric, Cheng Ke, Linde Klaus, Lao Lixing, Yoo Junghee, Wieland Susan,

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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Sham-controlled trials show statistically significant benefits; however, these benefits are small, do not meet our pre-defined thresholds for clinical relevance, and are probably due at least partially to placebo effects from incomplete blinding. Waiting list-controlled trials of acupuncture for peripheral joint osteoarthritis suggest statistically significant and clinically relevant benefits, much of which may be due to expectation or placebo effects.

ACUPUNCTURE FOR OSTEOARTHRITIS: This summary of a Cochrane review presents what we know from research about the effect of acupuncture on osteoarthritis.The review shows that in people with osteoarthritis,-Acupuncture may lead to small improvements in pain and physical function after 8 weeks.-Acupuncture may lead to small improvements in pain and physical function after 26 weeks.We often do not have precise information about side effects and complications. This is particularly true for rare but serious side effects. Possible side effects of acupuncture treatment include minor bruising and bleeding at the site of needle insertion.What is osteoarthritis and what is acupuncture?Osteoarthritis (OA) is a disease of the joints, such as your knee or hip. When the joint loses cartilage, the bone grows to try and repair the damage. Instead of making things better, however, the bone grows abnormally and makes things worse. For example, the bone can become misshapen and make the joint painful and unstable. This can affect your physical function or ability to use your knee.According to the philosophy of traditional acupuncture, energy circulates in 'meridians' located throughout the body. Pain or ill health happens when something occurs to cause this meridian energy circulation to be blocked. The way to restore health is to stimulate the appropriate combination of acupuncture points in the body by inserting very thin needles. Sometimes in painful conditions, electrical stimulation along with the needles is also used. According to acupuncture theory, one way you can tell that acupuncture is relieving pain is that you may feel numbness or tingling, called de qi, where the needle is inserted.Best estimate of what happens to people with osteoarthritis who have acupuncture:Pain after 8 weeks:-People who had acupuncture rated their pain to be improved by about 4 points on a scale of 0 to 20. -People who received sham acupuncture rated their pain to be improved by about 3 points on a scale of 0 to 20.-People who received acupuncture had a 1 point greater improvement on a scale of 0-20. (5% absolute improvement).Pain after 26 weeks:-People who had acupuncture rated their pain to be improved by slightly more than 3 points on a scale of 0 to 20. -People who received sham acupuncture rated their pain to be improved by slightly less than 3 points on a scale of 0 to 20.-People who received acupuncture had under a 1 point greater improvement on a scale of 0-20. (2% absolute improvement). Physical function after 8 weeks :-People who had acupuncture rated their function to be improved by about 11 points on a scale of 0 to 68. -People who received sham acupuncture rated their function to be improved by about 8 points on a scale of 0 to 68.-People who received acupuncture had about a 3 point greater improvement on a scale of 0-68. (4% absolute improvement) Physical

Record #2 of 97 **TI: Acupuncture for migraine prophylaxis**
ID: CD001218AU: Linde **KY:** Humans [checkword]; Acupuncture Therapy; Migraine

YR: 2009 **US:** http://www.mrw.interscience.wiley.

SO: Linde Klaus, Allais Gianni, Brinkhaus Benno, Manheimer Eric, Vickers Andrew,

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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: In the previous version of this review, evidence in support of acupuncture for migraine prophylaxis was considered promising but insufficient. Now, with 12 additional trials, there is consistent evidence that acupuncture provides additional benefit to treatment of acute migraine attacks only or to routine care. There is no evidence for an effect of 'true' acupuncture over sham interventions, though this is difficult to interpret, as exact point location could be of limited importance. Available studies suggest that acupuncture is at least as effective as, or possibly more effective than, prophylactic drug treatment, and has fewer adverse effects. Acupuncture should be considered a treatment option for patients willing to undergo this treatment. ACUPUNCTURE FOR MIGRAINE PROPHYLAXIS: Migraine patients suffer from recurrent attacks of mostly one-sided, severe headache. Acupuncture is a therapy in which thin needles are inserted into the skin at defined points; it originates from China. Acupuncture is used in many countries for migraine prophylaxis - that is, to reduce the frequency and intensity of migraine attacks.We reviewed 22 trials which investigated whether acupuncture is effective in the prophylaxis of migraine. Six trials investigating whether adding acupuncture to basic care (which usually involves only treating acute headaches) found that those patients who received acupuncture had fewer headaches. Fourteen trials compared true acupuncture with inadequate or fake acupuncture interventions in which needles were either inserted at incorrect points or did not penetrate the skin. In these trials both groups had fewer headaches than before treatment, but there was no difference between the effects of the two treatments. In the four trials in which acupuncture was compared to a proven prophylactic drug treatment, patients receiving acupuncture tended to report more improvement and fewer side effects. Collectively, the studies suggest that migraine patients benefit from acupuncture, although the correct placement of needles seems to be less relevant than is usually thought by acupuncturists.

Record #3 of 97 **TI: Acupuncture for tension-type headache**
ID: CD007587AU: Linde **KY:** Humans [checkword]; Acupuncture Therapy

YR: 2009 **US:** http://www.mrw.interscience.wiley.

SO: Linde Klaus, Allais Gianni, Brinkhaus Benno, Manheimer Eric, Vickers Andrew,

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AUTHORS' CONCLUSION

MAIN RESULTS: Eleven trials with 2317 participants (median 62, range 10 to 1265) met the inclusion criteria. Two large trials compared acupuncture to treatment of acute headaches or routine care only. Both found statistically significant and clinically relevant short-term (up to 3 months) benefits of acupuncture over control for response, number of headache days and pain intensity. Long-term effects (beyond 3 months) were not investigated. Six trials compared acupuncture with a sham acupuncture intervention, and five of the six provided data for meta-analyses. Small but statistically significant benefits of acupuncture over sham were found for response as well as for several other outcomes. Three of the four trials comparing acupuncture with physiotherapy, massage or relaxation had important methodological or reporting shortcomings. Their findings are difficult to interpret, but collectively suggest slightly better results for some outcomes in the control groups.

Record #4 of 97 **TI: Acupuncture for depression**
ID: CD004046AU: Smith **KY:** Female [checkword]; Humans [checkword]; Male

YR: 2010 **US:** http://www.mrw.interscience.wiley.

SO: Smith Caroline A, Hay Phillipa PJ, MacPherson Hugh. Acupuncture for depression.

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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: We found insufficient evidence to recommend the use of acupuncture for people with depression. The results are limited by the high risk of bias in the majority of trials meeting inclusion criteria. ACUPUNCTURE FOR DEPRESSION: Depression is widely experienced in our communities. In clinical depression, people report a lack of interest in life and activities which they otherwise normally enjoy. This can be accompanied by other symptoms including weight loss, over-eating, feelings of uselessness, sleep disturbance, self neglect and social withdrawal, insomnia or hypersomnia (sleeping too much), loss of energy, low self esteem and poor concentration.Acupuncture has a long history of use in China and Japan. Traditional Chinese medicine theory describes a state of health maintained by a balance of energy in the body. Acupuncture involves the insertion of fine needles into different parts of the body to correct the imbalance of energy in the body. There are a range of styles of acupuncture from traditional/classical acupuncture, auricular acupuncture, trigger point acupuncture, and single point acupuncture. Traditional Chinese Medicine (TCM) and Classical Acupuncture are based on theoretical concepts of Yin and Yang and the Five Elements and explain disease and physiological function. A westernised medical application of acupuncture involves the use of acupuncture using trigger points, segmental points and commonly used formula points. Medical acupuncture may involve the application of acupuncture based on the principles of neurophysiology and anatomy, rather than TCM principles and philosophy. Auricular therapy involves the use of the ear to make a diagnosis and subsequent needling to points on the ear.There are studies indicating a preference for treatment with self-help and complementary therapies for depression. Thirty trials, and 2812 participants were included in the review and meta-analysis, however there was insufficient evidence that acupuncture can assist with the management of depression.

Extrakte
Sham-controlled trials show statistically significant benefits; however, these benefits are small, do not meet our pre-defined thresholds for clinical relevance, and are probably due at least partially to placebo effects from incomplete blinding. Waiting list-controlled trials of acupuncture for peripheral joint osteoarthritis suggest statistically significant and clinically relevant benefits, much of which may be due to expectation or placebo effects.

MAIN RESULTS:

MAIN RESULTS: Sixteen trials involving 3498 people were included. Twelve of the RCTs included only people with OA of the knee, 3 only OA of the hip, and 1 a mix of people with OA of the hip and/or knee. In comparison with a sham control, acupuncture showed statistically significant, short-term improvements in osteoarthritis pain (standardized mean difference -0.28, 95% confidence interval -0.45 to -0.11; 0.9 point greater improvement than sham on 20 point scale; absolute percent change 4.59%; relative percent change 10.32%; 9 trials; 1835 participants) and function (-0.28, -0.46 to -0.09; 2.7 point greater improvement on 68 point scale; absolute percent change 3.97%; relative percent change 8.63%); however, these pooled short-term benefits did not meet our predefined thresholds for clinical relevance (i.e. 1.3 points for pain; 3.57 points for function) and there was substantial statistical heterogeneity. Additionally, restriction to sham-controlled trials using shams judged most likely to adequately blind participants to treatment assignment (which were also the same shams judged most likely to have physiological activity), reduced heterogeneity and resulted in pooled short-term benefits of acupuncture that were smaller and non-significant. In comparison with sham acupuncture at the six-month follow-up, acupuncture showed borderline statistically significant, clinically irrelevant improvements in osteoarthritis pain (-0.10, -0.21 to 0.01; 0.4 point greater improvement than sham on 20 point scale; absolute percent change 1.81%; relative percent change 4.06%; 4 trials;1399 participants) and function (-0.11, -0.22 to 0.00; 1.2 point greater improvement than sham on 68 point scale; absolute percent change 1.79%; relative percent change 3.89%). In a secondary analysis versus a waiting list control, acupuncture was associated

MAIN RESULTS:
MAIN RESULTS: Twenty-two trials with 4419 participants (mean 201, median 42, range 27 to 1715) met the inclusion criteria. Six trials (including two large trials with 401 and 1715 patients) compared acupuncture to no prophylactic treatment or routine care only. After 3 to 4 months patients receiving acupuncture had higher response rates and fewer headaches. The only study with long-term follow up saw no evidence that effects dissipated up to 9 months after cessation of treatment. Fourteen trials compared a 'true' acupuncture intervention with a variety of sham interventions. Pooled analyses did not show a statistically significant superiority for true acupuncture for any outcome in any of the time windows, but the results of single trials varied considerably. Four trials compared acupuncture to proven prophylactic drug treatment. Overall in these trials acupuncture was associated with slightly better outcomes and fewer adverse effects than prophylactic drug treatment. Two small low-quality trials comparing acupuncture with relaxation (alone or in combination with massage) could not be interpreted reliably.

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MAIN RESULTS:
DATA COLLECTION AND ANALYSIS: Two reviewers checked eligibility; extracted information on patients, interventions, methods and results; and assessed risk of bias and quality of the acupuncture intervention. Outcomes extracted included response (at least 50% reduction of headache frequency; outcome of primary interest), headache days, pain intensity and analgesic use.

MAIN RESULTS:
MAIN RESULTS: This review is an update and now contains data from 30 studies. Following recent searches, 23 new studies have been added and a further 11 trials were excluded (due to suboptimal doses of medication, no clinical outcomes, insufficient reporting). Thirty trials with 2,812 participants are included in the meta-analysis.There was a high risk of bias in the majority of trials. There was insufficient evidence of a consistent beneficial effect from acupuncture compared with a wait list control or sham acupuncture control. Two trials found acupuncture may have an additive benefit when combined with medication compared with medication alone. A subgroup of participants with depression as a co-morbidity experienced a reduction in depression with manual acupuncture compared with SSRIs (RR 1.66, 95%CI 1.03, 2.68) (three trials, 94 participants). The majority of trials compared manual and electro acupuncture with medication and found no effect between groups.

Record #5 of 97 **TI: Acupuncture for shoulder pain**

ID: CD005319AU: Green KY: Adult [checkword]; Humans [checkword]; Acupuncture

YR: 2005 US: http://www.mrw.interscience.wiley.

SO: Green Sally, Buchbinder Rachele, Hetrick Sarah E. Acupuncture for shoulder pain.

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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Due to a small number of clinical and methodologically diverse trials, little can be concluded from this review. There is little evidence to support or refute the use of acupuncture for shoulder pain although there may be short-term benefit with respect to pain and function. There is a need for further well designed clinical trials. ACUPUNCTURE FOR SHOULDER PAIN: Does acupuncture work for treating shoulder pain? To answer this question, scientists found and analyzed 9 research studies. The studies tested over 500 people who had shoulder pain. People had either acupuncture, a placebo (fake therapy), ultrasound, gentle movement or exercises usually for 20-30 minutes, two to three times a week for 3 to 6 weeks. Even though the studies were small and not of the highest quality, this Cochrane review provides the best evidence we have today.What causes shoulder pain and how can acupuncture help? Shoulder pain can be caused by a number of different conditions. It can be caused by rotator cuff disease, periarthritis or adhesive capsulitis (frozen shoulder). Shoulder pain can sometimes go away on its own but may last up to 12 to 18 months. Drug and non-drug treatments are used to relieve pain and/or swelling. Acupuncture is a non-drug therapy being used more and more to treat shoulder pain. It is thought that acupuncture works either by releasing chemical compounds in the body that relieve pain, by overriding pain signals in the nerves or by allowing energy (Qi) or blood to flow freely through the body. It is not known whether acupuncture works or is safe.How well does acupuncture work? The improvements with acupuncture for pain and function were about the same as the effects of receiving a fake therapy for 2 to 4 weeks.One study showed that acupuncture improved shoulder function more than fake therapy after 4 weeks. But after 4 months, improvements were about the same with only an improvement of 4 more points on a scale of 0 to 100 with acupuncture.One small study showed that acupuncture plus exercise was better than just exercise for improving pain, range of motion and function for up to 5 months.How safe is it? Side effects were not measured in many of the studies. One study showed that side effects such as fainting, headache, dizziness, swelling or leg weakness, were about the same with acupuncture or fake therapy. What is the bottom line? There is not enough evidence to say whether acupuncture works to treat shoulder pain or whether it is harmful.From the little evidence that there is, acupuncture may improve pain and function over the short term (2 to 4 weeks).

Record #6 of 97	TI: Acupuncture for neck disorders	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD004870AU: Trinh	KY: Humans [checkword]; Acupuncture Therapy; Chronic	<input type="radio"/> eindeutig pos	<input checked="" type="radio"/> eher pos	MAIN RESULTS: We did not find any trials that examined the effects of acupuncture for acute or subacute pain, but we found 10 trials that examined acupuncture treatments for chronic neck pain. Overall, methodological quality had a mean of 2.3/5 on the Jadad Scale.For chronic mechanical neck disorders, there was moderate evidence that acupuncture was more effective for pain relief than some types of sham controls, measured immediately post-treatment. There was moderate evidence that acupuncture was more effective than inactive, sham treatments measured immediately post-treatment and at short-term follow-up (pooled standardized mean difference (SMD) -0.37, 95% confidence interval (CI) -0.61 to -0.12). There was limited evidence that acupuncture was more effective than massage at short-term follow-up. For chronic neck disorders with radicular symptoms, there was moderate evidence that acupuncture was more effective than a wait-list control at short-term follow-up.
YR: 2006	US: http://www.mrw.interscience.wiley.	<input type="radio"/> neutral	<input type="radio"/> ungenügende Qualität	
SO: Trinh Kien, Graham Nadine, Gross Anita, Goldsmith Charles H, Wang Ellen,		<input type="radio"/> ungenügende datenmenge	<input type="radio"/> neg	
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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is moderate evidence that acupuncture relieves pain better than some sham treatments, measured at the end of the treatment. There is moderate evidence that those who received acupuncture reported less pain at short term follow-up than those on a waiting list. There is also moderate evidence that acupuncture is more effective than inactive treatments for relieving pain post-treatment and this is maintained at short-term follow-up. ACUPUNCTURE FOR NECK PAIN: Neck pain is one of the three most frequently reported complaints of the musculoskeletal system. Treatments for neck pain are varied, as are the perceptions of benefits. Acupuncture is sometimes used as an alternative to more traditional treatments for musculoskeletal pain. In this review it was defined as the stimulation of one or more specific points on the body, by the insertion of needles, to achieve a desirable effect. Acupuncture typically includes manual stimulation of needles, but there are commonly used variations, such as electrical stimulation or heat stimulation of the needles, which is called moxibustion [the moxa herb, Artemisia vulgaris, is burned at the handle end of the needle]. Injection acupuncture, in which herbal extracts are injected into acupuncture points, is occasionally used as well.We included 10 trails (661 participants) in this review that examined the effects of acupuncture on neck pain for individuals with chronic neck pain (lasting for at least three months). One study also included individuals with neck pain that lasted for at least six weeks, but they considered it to be chronic. Acupuncture was compared to sham acupuncture, waiting list, other sham treatments (sham laser, sham TENS) or other treatments (mobilization, massage, traction). Acupuncture treatments appear to be safe and only minor, transient and benign adverse effects were reported in the trials.The trials were of moderate methodological quality, but the number of participants in each trial was relatively low. There was a range of individuals studied, acupuncture techniques used and outcomes measured, so we could not combine the results of the trials to get an overall picture of the effectiveness of acupuncture. Therefore, we could only draw limited conclusions.Individuals with chronic neck pain who received acupuncture reported, on average, better pain relief immediately after treatment and in the short-term than those who received sham treatments. Individuals with chronic neck pain with symptoms radiating to the arms who received acupuncture reported, on average, better pain relief in the short-term than those who were on a waiting list.

Record #7 of 97	TI: Acupuncture for cancer pain in adults	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD007753AU: Paley	KY: Adult [checkword]; Humans [checkword]; Acupuncture	<input type="radio"/> eindeutig pos	<input checked="" type="radio"/> eher pos	MAIN RESULTS: Three RCTs (204 participants) were included. One high quality study investigated the effect of auricular acupuncture compared with auricular acupuncture at 'placebo' points and with non-invasive vaccaria ear seeds attached at 'placebo' points. Participants in two acupuncture groups were blinded but blinding wasn't possible in the ear seeds group because seeds were attached using tape. This may have biased results in favour of acupuncture groups. Participants in the real acupuncture group had lower pain scores at two month follow-up than either the placebo or ear seeds group.There was high risk of bias in two studies because of low methodological quality. One study comparing acupuncture with medication concluded that both methods were effective in controlling pain, although acupuncture was the most effective. The second study compared acupuncture, point-injection and medication in participants with stomach cancer. Long-term pain relief was reported for both acupuncture and point-injection compared with medication during the last 10 days of treatment. Although both studies have positive results in favour of acupuncture they should be viewed with caution due to methodological limitations, small sample sizes, poor reporting and inadequate analysis.
YR: 2011	US: http://www.mrw.interscience.wiley.	<input type="radio"/> neutral	<input type="radio"/> ungenügende Qualität	
SO: Paley Carole A, Johnson Mark I, Tashani Osama A, Bagnall Anne-Marie.		<input type="radio"/> ungenügende datenmenge	<input type="radio"/> neg	
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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is insufficient evidence to judge whether acupuncture is effective in treating cancer pain in adults. ACUPUNCTURE FOR CANCER-RELATED PAIN IN ADULTS: Up to 70% of patients with cancer-related pain do not receive adequate pain relief and this reduces their quality of life. Acupuncture may have a role to play in relieving cancer-related pain. This review evaluated evidence for the effectiveness of acupuncture in reducing pain associated with cancer or its treatment, or both. We found three studies (looking at a total of 204 participants) which met our inclusion criteria, but all had small sample sizes, leaving them prone to bias, and only one study was judged to be of high methodological quality. The high quality study found that auricular (ear) acupuncture reduced cancer-related pain when compared with auricular acupuncture at non acupuncture points, but the control group was not adequately blinded and this was likely to affect the outcomes. Of the low quality studies, one found that acupuncture was as effective as medication, and one study found that acupuncture was more effective than medication, but both studies were poorly designed and the study reports lacked detail. We concluded that there was insufficient evidence to judge whether acupuncture is effective in relieving cancer-related pain in adults.

Record #8 of 97	TI: Acupuncture for insomnia	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD005472AU: Cheuk	KY: Humans [checkword]; Acupuncture Therapy;	<input type="radio"/> eindeutig pos	<input type="radio"/> eher pos	MAIN RESULTS: Seven trials met the inclusion criteria. The studies included 590 participants with insomnia, of whom 56 dropped out. Participant age ranged from 15 to 98 years, and the duration of insomnia varied from 6 months to 19 years. Co-existing medical conditions contributing to insomnia included stroke, end-stage renal disease and pregnancy. Apart from conventional needle acupuncture, different variants of acupuncture such as acupressure, auricular magnetic and seed therapy, and transcutaneous electrical acupoint stimulation (TEAS) were evaluated. Meta-analysis was limited because of considerable heterogeneity between comparison groups and between outcome measures.Based on the findings from individual trials, the review suggested that acupuncture and acupressure may help to improve sleep quality scores when compared to placebo (SMD = -1.08, 95% CI = -1.86 to -0.31, p=0.006) or no treatment (SMD -0.55, 95% CI = -0.89 to -0.21, p=0.002). TEAS also resulted in better sleep quality score in one trial (SMD = -0.74, 95% CI = -1.22 to -0.26, p=0.003). However, the efficacy of acupuncture or its variants was inconsistent between studies for many sleep parameters, such as sleep onset latency, total sleep duration and wake after sleep onset. The combined result from three studies reporting subjective insomnia improvement showed that acupuncture or its variants was not more significantly effective than control (RR = 1.66, 95% CI = 0.68 to -4.03) and significant statistical heterogeneity was observed. Only one study reported an adverse event, with one out of 16 patients (6.3%) withdrawing from acupuncture because of pain.
YR: 2007	US: http://www.mrw.interscience.wiley.	<input type="radio"/> neutral	<input type="radio"/> ungenügende Qualität	
SO: Cheuk Daniel KL, Yeung Jerry, Chung KF, Wong Virginia. Acupuncture for		<input type="radio"/> ungenügende datenmenge	<input checked="" type="radio"/> neg	
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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The small number of randomised controlled trials, together with the poor methodological quality and significant clinical heterogeneity, means that the current evidence is not sufficiently extensive or rigorous to support the use of any form of acupuncture for the treatment of insomnia. Larger high quality clinical trials employing appropriate randomisation concealment and blinding with longer follow-up are needed to further investigate the efficacy and safety of acupuncture for the treatment of insomnia. ACUPUNCTURE FOR INSOMNIA: Although conventional non-pharmacological and pharmacological treatments for insomnia are effective in many people, alternative therapies such as acupuncture are still widely practiced. Acupuncture is mainly evaluated in observational and uncontrolled studies, and randomised controlled trials are scarce and of poor methodological quality. This review was conducted to examine the effectiveness of acupuncture in treating insomnia. Seven studies were eligible for inclusion in the review, involving 590 participants. The studies were of low methodological quality and were diverse in the types of participant, acupuncture treatments and sleep outcome measures used, which limited the ability to pool the findings and draw conclusions. Currently there is a lack of high quality clinical evidence supporting the treatment of people with insomnia using acupuncture. More rigorous studies are needed to assess the efficacy and safety of various forms of acupuncture for treating people with insomnia.

Extrakte

There is not enough evidence to say whether acupuncture works to treat shoulder pain or whether it is harmful.From the little evidence that there is, acupuncture may improve pain and function over the short term (2 to 4 weeks).

MAIN RESULTS:

MAIN RESULTS: Nine trials of varying methodological quality met the inclusion criteria. For all trials there was poor description of interventions. Varying placebos were used in the different trials. Two trials assessed short-term success (post intervention) of acupuncture for rotator cuff disease and could be combined in meta analysis. There was no significant difference in short-term improvement associated with acupuncture when compared to placebo, but due to small sample sizes this may be explained by Type II error. Acupuncture was of benefit over placebo in improving the Constant Murley Score (a measure of shoulder function) at four weeks (WMD 17.3 (7.79, 26.81)). However, by four months, the difference between the acupuncture and placebo groups, whilst still statistically significant, was no longer likely to be clinically significant (WMD 3.53 (0.74, 6.32)). The Constant Murley Score is graded out of 100, hence a change of 3.53 is unlikely to be of substantial benefit. The results of a small pilot study demonstrated some benefit of both traditional and ear acupuncture plus mobilization over mobilization alone. There was no difference in adverse events related to acupuncture when compared to placebo, however this was assessed by only one trial

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SO: Green Sally, Buchbinder Rachele, Hetrick Sarah E. Acupuncture for shoulder pain.		<input type="radio"/> ungenügende datenmenge	<input checked="" type="radio"/> neg	
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AUTHORS' CONCLUSION

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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is moderate evidence that acupuncture relieves pain better than some sham treatments, measured at the end of the treatment. There is moderate evidence that those who received acupuncture reported less pain at short term follow-up than those on a waiting list. There is also moderate evidence that acupuncture is more effective than inactive treatments for relieving pain post-treatment and this is maintained at short-term follow-up. ACUPUNCTURE FOR NECK PAIN: Neck pain is one of the three most frequently reported complaints of the musculoskeletal system. Treatments for neck pain are varied, as are the perceptions of benefits. Acupuncture is sometimes used as an alternative to more traditional treatments for musculoskeletal pain. In this review it was defined as the stimulation of one or more specific points on the body, by the insertion of needles, to achieve a desirable effect. Acupuncture typically includes manual stimulation of needles, but there are commonly used variations, such as electrical stimulation or heat stimulation of the needles, which is called moxibustion [the moxa herb, Artemisia vulgaris, is burned at the handle end of the needle]. Injection acupuncture, in which herbal extracts are injected into acupuncture points, is occasionally used as well.We included 10 trails (661 participants) in this review that examined the effects of acupuncture on neck pain for individuals with chronic neck pain (lasting for at least three months). One study also included individuals with neck pain that lasted for at least six weeks, but they considered it to be chronic. Acupuncture was compared to sham acupuncture, waiting list, other sham treatments (sham laser, sham TENS) or other treatments (mobilization, massage, traction). Acupuncture treatments appear to be safe and only minor, transient and benign adverse effects were reported in the trials.The trials were of moderate methodological quality, but the number of participants in each trial was relatively low. There was a range of individuals studied, acupuncture techniques used and outcomes measured, so we could not combine the results of the trials to get an overall picture of the effectiveness of acupuncture. Therefore, we could only draw limited conclusions.Individuals with chronic neck pain who received acupuncture reported, on average, better pain relief immediately after treatment and in the short-term than those who received sham treatments. Individuals with chronic neck pain with symptoms radiating to the arms who received acupuncture reported, on average, better pain relief in the short-term than those who were on a waiting list.

Record #7 of 97	TI: Acupuncture for cancer pain in adults	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD007753AU: Paley	KY: Adult [checkword]; Humans [checkword]; Acupuncture	<input type="radio"/> eindeutig pos	<input checked="" type="radio"/> eher pos	MAIN RESULTS: Three RCTs (204 participants) were included. One high quality study investigated the effect of auricular acupuncture compared with auricular acupuncture at 'placebo' points and with non-invasive vaccaria ear seeds attached at 'placebo' points. Participants in two acupuncture groups were blinded but blinding wasn't possible in the ear seeds group because seeds were attached using tape. This may have biased results in favour of acupuncture groups. Participants in the real acupuncture group had lower pain scores at two month follow-up than either the placebo or ear seeds group.There was high risk of bias in two studies because of low methodological quality. One study comparing acupuncture with medication concluded that both methods were effective in controlling pain, although acupuncture was the most effective. The second study compared acupuncture, point-injection and medication in participants with stomach cancer. Long-term pain relief was reported for both acupuncture and point-injection compared with medication during the last 10 days of treatment. Although both studies have positive results in favour of acupuncture they should be viewed with caution due to methodological limitations, small sample sizes, poor reporting and inadequate analysis.
YR: 2011	US: http://www.mrw.interscience.wiley.	<input type="radio"/> neutral	<input type="radio"/> ungenügende Qualität	
SO: Paley Carole A, Johnson Mark I, Tashani Osama A, Bagnall Anne-Marie.		<input type="radio"/> ungenügende datenmenge	<input type="radio"/> neg	
		<input type="radio"/> nicht freigegeben		

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is insufficient evidence to judge whether acupuncture is effective in treating cancer pain in adults. ACUPUNCTURE FOR CANCER-RELATED PAIN IN ADULTS: Up to 70% of patients with cancer-related pain do not receive adequate pain relief and this reduces their quality of life. Acupuncture may have a role to play in relieving cancer-related pain. This review evaluated evidence for the effectiveness of acupuncture in reducing pain associated with cancer or its treatment, or both. We found three studies (looking at a total of 204 participants) which met our inclusion criteria, but all had small sample sizes, leaving them prone to bias, and only one study was judged to be of high methodological quality. The high quality study found that auricular (ear) acupuncture reduced cancer-related pain when compared with auricular acupuncture at non acupuncture points, but the control group was not adequately blinded and this was likely to affect the outcomes. Of the low quality studies, one found that acupuncture was as effective as medication, and one study found that acupuncture was more effective than medication, but both studies were poorly designed and the study reports lacked detail. We concluded that there was insufficient evidence to judge whether acupuncture is effective in relieving cancer-related pain in adults.

Record #8 of 97	TI: Acupuncture for insomnia	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD005472AU: Cheuk	KY: Humans [checkword]; Acupuncture Therapy;	<input type="radio"/> eindeutig pos	<input type="radio"/> eher pos	MAIN RESULTS: Seven trials met the inclusion criteria. The studies included 590 participants with insomnia, of whom 56 dropped out. Participant age ranged from 15 to 98 years, and the duration of insomnia varied from 6 months to 19 years. Co-existing medical conditions contributing to insomnia included stroke, end-stage renal disease and pregnancy. Apart from conventional needle acupuncture, different variants of acupuncture such as acupressure, auricular magnetic and seed therapy, and transcutaneous electrical acupoint stimulation (TEAS) were evaluated. Meta-analysis was limited because of considerable heterogeneity between comparison groups and between outcome measures.Based on the findings from individual trials, the review suggested that acupuncture and acupressure may help to improve sleep quality scores when compared to placebo (SMD = -1.08, 95% CI = -1.86 to -0.31, p=0.006) or no treatment (SMD -0.55, 95% CI = -0.89 to -0.21, p=0.002). TEAS also resulted in better sleep quality score in one trial (SMD = -0.74, 95% CI = -1.22 to -0.26, p=0.003). However, the efficacy of acupuncture or its variants was inconsistent between studies for many sleep parameters, such as sleep onset latency, total sleep duration and wake after sleep onset. The combined result from three studies reporting subjective insomnia improvement showed that acupuncture or its variants was not more significantly effective than control (RR = 1.66, 95% CI = 0.68 to -4.03) and significant statistical heterogeneity was observed. Only one study reported an adverse event, with one out of 16 patients (6.3%) withdrawing from acupuncture because of pain.
YR: 2007	US: http://www.mrw.interscience.wiley.	<input type="radio"/> neutral	<input type="radio"/> ungenügende Qualität	
SO: Cheuk Daniel KL, Yeung Jerry, Chung KF, Wong Virginia. Acupuncture for		<input type="radio"/> ungenügende datenmenge	<input checked="" type="radio"/> neg	
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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The small number of randomised controlled trials, together with the poor methodological quality and significant clinical heterogeneity, means that the current evidence is not sufficiently extensive or rigorous to support the use of any form of acupuncture for the treatment of insomnia. Larger high quality clinical trials employing appropriate randomisation concealment and blinding with longer follow-up are needed to further investigate the efficacy and safety of acupuncture for the treatment of insomnia. ACUPUNCTURE FOR INSOMNIA: Although conventional non-pharmacological and pharmacological treatments for insomnia are effective in many people, alternative therapies such as acupuncture are still widely practiced. Acupuncture is mainly evaluated in observational and uncontrolled studies, and randomised controlled trials are scarce and of poor methodological quality. This review was conducted to examine the effectiveness of acupuncture in treating insomnia. Seven studies were eligible for inclusion in the review, involving 590 participants. The studies were of low methodological quality and were diverse in the types of participant, acupuncture treatments and sleep outcome measures used, which limited the ability to pool the findings and draw conclusions. Currently there is a lack of high quality clinical evidence supporting the treatment of people with insomnia using acupuncture. More rigorous studies are needed to assess the efficacy and safety of various forms of acupuncture for treating people with insomnia.

Record #8 of 97	TI: Acupuncture for insomnia	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD005472AU: Cheuk	KY: Humans [checkword]; Acupuncture Therapy;	<input type="radio"/> eindeutig pos	<input type="radio"/> eher pos	MAIN RESULTS: Seven trials met the inclusion criteria. The studies included 590 participants with insomnia, of whom 56 dropped out. Participant age ranged from 15 to 98 years, and the duration of insomnia varied from 6 months to 19 years. Co-existing medical conditions contributing to insomnia included stroke, end-stage renal disease and pregnancy. Apart from conventional needle acupuncture, different variants of acupuncture such as acupressure, auricular magnetic and seed therapy, and transcutaneous electrical acupoint stimulation (TEAS) were evaluated. Meta-analysis was limited because of considerable heterogeneity between comparison groups and between outcome measures.Based on the findings from individual trials, the review suggested that acupuncture and acupressure may help to improve sleep quality scores when compared to placebo (SMD = -1.08, 95% CI = -1.86 to -0.31, p=0.006) or no treatment (SMD -0.55, 95% CI = -0.89 to -0.21, p=0.002). TEAS also resulted in better sleep quality score in one trial (SMD = -0.74, 95% CI = -1.22 to -0.26, p=0.003). However, the efficacy of acupuncture or its variants was inconsistent between studies for many sleep parameters, such as sleep onset latency, total sleep duration and wake after sleep onset. The combined result from three studies reporting subjective insomnia improvement showed that acupuncture or its variants was not more significantly effective than control (RR = 1.66, 95% CI = 0.68 to -4.03) and significant statistical heterogeneity was observed. Only one study reported an adverse event, with one out of 16 patients (6.3%) withdrawing from acupuncture because of pain.
YR: 2007	US: http://www.mrw.interscience.wiley.	<input type="radio"/> neutral	<input type="radio"/> ungenügende Qualität	
SO: Cheuk Daniel KL, Yeung Jerry, Chung KF, Wong Virginia. Acupuncture for		<input type="radio"/> ungenügende datenmenge	<input checked="" type="radio"/> neg	
		<input type="radio"/> nicht freigegeben		

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The small number of randomised controlled trials, together with the poor methodological quality and significant clinical heterogeneity, means that the current evidence is not sufficiently extensive or rigorous to support the use of any form of acupuncture for the treatment of insomnia. Larger high quality clinical trials employing appropriate randomisation concealment and blinding with longer follow-up are needed to further investigate the efficacy and safety of acupuncture for the treatment of insomnia. ACUPUNCTURE FOR INSOMNIA: Although conventional non-pharmacological and pharmacological treatments for insomnia are effective in many people, alternative therapies such as acupuncture are still widely practiced. Acupuncture is mainly evaluated in observational and uncontrolled studies, and randomised controlled trials are scarce and of poor methodological quality. This review was conducted to examine the effectiveness of acupuncture in treating insomnia. Seven studies were eligible for inclusion in the review, involving 590 participants. The studies were of low methodological quality and were diverse in the types of participant, acupuncture treatments and sleep outcome measures used, which limited the ability to pool the findings and draw conclusions. Currently there is a lack of high quality clinical evidence supporting the treatment of people with insomnia using acupuncture. More rigorous studies are needed to assess the efficacy and safety of various forms of acupuncture for treating people with insomnia.

Record #9 of 97 **TI: Acupuncture for schizophrenia**

ID: CD005475AU: KY: Humans [checkword]; Acupuncture Therapy;

YR: 2005 US: http://www.mrw.interscience.wiley.

SO: Rathbone John, Xia Jun. Acupuncture for schizophrenia. Cochrane Database of

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: We found insufficient evidence to recommend the use of acupuncture for people with schizophrenia. The numbers of participants and the blinding of acupuncture were both inadequate, and more comprehensive and better designed studies are needed to determine the effects of acupuncture for schizophrenia. ACUPUNCTURE FOR SCHIZOPHRENIA: Antipsychotic drugs have been used to treat schizophrenia since the early 1950s. While effective for some, antipsychotics can still leave many of those treated with disabling adverse effects, and safer, more effective health care interventions are being researched to try and redress this problem.Acupuncture has been used in China to treat mental health disorders, including schizophrenia, for more than 2000 years. It has been proved that acupuncture has very few adverse effects. Also, it may be more socially acceptable, tolerable and inexpensive than the more conventional drugs manufactured by the pharmaceutical industry.This review identifies randomised controlled trials comparing acupuncture to antipsychotics and acupuncture combined with antipsychotics, to antipsychotics alone. The limited data we found provided mostly equivocal outcomes.

Although some of the data did favour acupuncture when combined with antipsychotics, the results came from small studies, and further, more comprehensive trials are needed before we can confidently determine the efficacy of acupuncture in the treatment of schizophrenia.

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Record #10 of 97

TI: Acupuncture for treatment of irritable bowel

ID: CD005111AU: Lim KY: Humans [checkword]; Acupuncture Therapy; Irritable

YR: 2006 US: http://www.mrw.interscience.wiley.

SO: Lim Byungmook, Manheimer Eric, Lao Lixing, Ziea Eric, Wisniewski Julia, Liu

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Most of the trials included in this review were of poor quality and were heterogeneous in terms of interventions, controls, and outcomes measured. With the exception of one outcome in common between two trials, data were not combined. Therefore, it is still inconclusive whether acupuncture is more effective than sham acupuncture or other interventions for treating IBS. ACUPUNCTURE FOR TREATMENT OF IRRITABLE BOWEL SYNDROME: Irritable bowel syndrome (IBS) is a disorder of altered bowel habits associated with abdominal pain or discomfort. Therapies for irritable bowel syndrome are generally directed at gastrointestinal motor, gastrointestinal sensory, or central nervous system processing; however, the efficacy of such conventional therapies varies from study to study, and the possibility of placebo effects make short-term studies difficult to interpret. The lack of effective therapies for irritable bowel syndrome is accompanied by increased use of complementary and alternative therapies, such as acupuncture. Acupuncture is receiving increasing acceptance in Western medicine for treating certain gastrointestinal disorders. When randomized controlled trials of acupuncture for irritable bowel syndrome were evaluated, some trials showed no clear evidence in support of acupuncture as an effective treatment for IBS, although other poor quality trials showed beneficial effects of acupuncture. There is no evidence to support the use of acupuncture for the treatment of irritable bowel syndrome. Acupuncture for irritable bowel syndrome needs further investigation.

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Extrakte

Although some of the data did favour acupuncture when combined with antipsychotics, the results came from small studies, and further, more comprehensive trials are needed before we can confidently determine the efficacy of acupuncture in the treatment of schizophrenia.

Extrakte

When randomized controlled trials of acupuncture for irritable bowel syndrome were evaluated, some trials showed no clear evidence in support of acupuncture as an effective treatment for IBS, although other poor quality trials showed beneficial effects of acupuncture. There is no evidence to support the use of acupuncture for the treatment of irritable bowel syndrome. Acupuncture for irritable bowel syndrome needs further investigation.

MAIN RESULTS:

MAIN RESULTS: We included five trials. Two trials comparing acupuncture to antipsychotics were equivocal for global state and leaving the study early. Extrapyramidal adverse events were significantly lower in the acupuncture group (n=21, RR 0.05 CI 0.0 to 0.8, NNT 2 CI 2 to 8). Four out of the five trials also compared acupuncture combined with antipsychotics to antipsychotics alone. Global state outcomes and leaving the study early were equivocal. BPRS endpoint data (short term) favoured the combined acupuncture and antipsychotic group (n=109, WMD -4.31 CI -7.0 to -1.6), although dichotomised BPRS data 'not improved' confounded this outcome with equivocal data. Depression scores HAMD (n=42, WMD -10.41 CI -12.8 to -8.0), HAMD 'not improved' (n=42, RR 0.17 CI 0.1 to 0.5, NNT 2 CI 2 to 3) and ZDS (n=42, WMD -24.25 CI -28.0 to -20.5) significantly favoured the combined acupuncture/antipsychotic treatment group, although results were from single, small studies. Treatment emergent adverse events scores were significantly lower in the acupuncture/antipsychotic group (n=40, WMD -0.50 CI -0.9 to -0.1), again from a single, small study.

MAIN RESULTS:

MAIN RESULTS: Six trials were included. The proportion of responders, as assessed by either the global symptom score or the patient-determined treatment success rate, did not show a significant difference between the acupuncture and the sham acupuncture group with a pooled relative risk of 1.28 (95% CI 0.83 to 1.98;n=109). Acupuncture treatment was also not significantly more effective than sham acupuncture for overall general well-being, individual symptoms (e.g., abdominal pain, defecation difficulties, diarrhea, and bloating), the number of improved patients assessed by blinded clinician, or the EuroQoI score. For two of the studies without a sham control, acupuncture was more effective than control treatment for the improvement of symptoms: acupuncture versus herbal medication with a RR of 1.14(95% CI 1.00 to 1.31;n=132); acupuncture plus psychotherapy versus psychotherapy alone with a RR of 1.20 (95% CI 1.03 to 1.39;n=100). When the effect of ear acupuncture treatment was compared to an unclearly specified combination of one or more of the drugs diazepam, perphenazine or domperidone, the difference was not statistically significant with a RR of 1.49(95% CI 0.94 to 2.34;n=48).

Record #11 of 97

TI: Acupuncture and electroacupuncture for the

ID: CD003788AU: Casimiro KY: Humans [checkword]; Acupuncture Therapy

YR: 2005 US: http://www.mrw.interscience.wiley.

SO: Casimiro Lynn, Barnsley Les, Brosseau Lucie, Milne Sarah, Welch Vivian, Tugwell

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Although the results of the study on electroacupuncture show that electroacupuncture may be beneficial to reduce symptomatic knee pain in patients with RA 24 hours and 4 months post treatment, the reviewers concluded that the poor quality of the trial, including the small sample size preclude its recommendation. The reviewers further conclude that acupuncture has no effect on ESR, CRP, pain, patient's global assessment, number of swollen joints, number of tender joints, general health, disease activity and reduction of analgesics. These conclusions are limited by methodological considerations such as the type of acupuncture (acupuncture vs electroacupuncture), the site of intervention, the low number of clinical trials and the small sample size of the included studies. ACUPUNCTURE AND ELECTROACUPUNCTURE FOR RHEUMATOID ARTHRITIS: Does acupuncture work for treating rheumatoid arthritis?Two studies of low to medium quality were reviewed and provide the best evidence we have today. The studies tested 84 people who had rheumatoid arthritis. The studies compared acupuncture to a placebo (fake therapy) or a steroid injection. Improvement was measured after one treatment or after five treatments given once per week.What causes shoulder pain and how can acupuncture help? Rheumatoid arthritis (RA) is a disease in which the body's immune system attacks its own healthy tissues. The attack happens mostly in the joints of the hands and feet and causes redness, pain, swelling and heat around the joints. Drug and non-drug treatments are used to relieve pain and/or swelling.Acupuncture is a non-drug therapy being in which thin needles are inserted into the body at specific spots. It is thought that acupuncture works either by releasing chemical compounds in the body that relieve pain, by overriding pain signals in the nerves or by allowing energy (Qi) or blood to flow freely through the body. It is not known whether acupuncture works or is safe.What do the studies show? In one study, people had acupuncture or fake therapy for five weeks, once per week. Pain, number of swollen and tender joints, disease activity, overall well-being, lab results, or amount of pain medication needed was about the same whether they had acupuncture or fake therapy.In the other study, people had acupuncture with an electric current going through the needles at specific or real acupuncture spots in the knee or at fake spots in the knee. Knee pain while at rest, while moving or while standing decreased more in the people who had the real acupuncture. The improvement lasted up to 4 months after acupuncture. Unfortunately, the authors of this review believe that this trial was of low quality and may overestimate how well acupuncture works.How safe is it? Side effects were not measured in the studies.What is the bottom line? The quality of the evidence is 'silver'.From the little evidence that there is, acupuncture does not appear to improve the symptoms of rheumatoid arthritis.

Record #12 of 97

TI: Acupuncture for acute stroke

ID: CD003317AU: Zhang KY: Humans [checkword]; Acupuncture Therapy; Acute

YR: 2005 US: http://www.mrw.interscience.wiley.

SO: Zhang Shihong, Liu Ming, Asplund Kjell, Li Lin. Acupuncture for acute stroke.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Acupuncture appeared to be safe but without clear evidence of benefit. The number of patients is too small to be certain whether acupuncture is effective for treatment of acute ischaemic or haemorrhagic stroke. Larger, methodologically-sound trials are required. ACUPUNCTURE FOR ACUTE STROKE: There is no clear evidence of benefit from acupuncture in acute stroke. In China, acupuncture is used to treat many acute and chronic conditions, including stroke. We reviewed evidence from randomised controlled trials investigating acupuncture in patients with acute stroke, to determine whether acupuncture was safe, and whether it could reduce the number of patients who died, or were left needing help with everyday activities. The review showed no clear effect of acupuncture on either outcome. Serious adverse effects were uncommon, and occurred in about one in every hundred patients treated. Results from much larger randomised trials are needed to assess accurately the benefits and harms of acupuncture in acute stroke.

Record #13 of 97 **TI: Auricular acupuncture for cocaine dependence**

ID: CD005192AU: Gates **KY:** Humans [checkword]; Acupuncture, Ear; Cocaine-

YR: 2006 **US:** <http://www.mrw.interscience.wiley>.

SO: Gates Simon, Smith Lesley A, Foxcroft David. Auricular acupuncture for cocaine

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Extrakte

The authors conclude that there is no evidence that any form of auricular acupuncture is effective for treating cocaine dependence.

MAIN RESULTS:

MAIN RESULTS: Seven studies with a total of 1,433 participants were included. All were of generally low methodological quality. No differences between acupuncture and sham acupuncture were found for attition RR 1.05 (95% CI 0.89 to 1.23) or acupuncture and no acupuncture: RR 1.06 (95% CI 0.90 to 1.26) neither for any measure of cocaine or other drug use. However, the number of participants included in meta-analyses was low, and power was limited. Moderate benefit or harm is not ruled out by these results. Methodological limitations of the included studies may have also made the results open to bias.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is currently no evidence that auricular acupuncture is effective for the treatment of cocaine dependence. The evidence is not of high quality and is inconclusive. Further randomised trials of auricular acupuncture may be justified. AURICULAR ACUPUNCTURE FOR COCAINE DEPENDENCE: There are no effective drugs for the treatment of cocaine dependence, and doctors do not agree on a best method of treatment. More than 400 substance abuse clinics in the USA and Europe offer a treatment for cocaine dependence called auricular acupuncture. In this treatment, needles are usually inserted into five specific points in the ear, but some clinics use only four or three of the points. In this Cochrane review the authors set out to discover whether auricular acupuncture is effective in treating cocaine dependence and whether the number of points used makes a difference. The authors searched the medical literature for studies called randomized controlled trials, in which one group of patients receives a treatment (such as acupuncture) and is compared with a similar group who receives a different treatment or no treatment (the control group). The authors found seven studies with a total of 1433 people. Most of the studies compared acupuncture with 'sham' acupuncture in which needles were inserted into random places in the ear but not into the specific points required for treatment. The studies used a variety of acupuncture techniques, using three, four, or five of the treatment points. The studies had a number of problems with the way their results were reported. The authors conclude that there is no evidence that any form of auricular acupuncture is effective for treating cocaine dependence. They recommend that better research be done, since it was difficult for them to draw conclusions from the few available studies.

Record #14 of 97

TI: Acupuncture for acute management and

ID: CD007700AU: Wong **CC:** HM-INJ

YR: 2011 **US:** <http://www.mrw.interscience.wiley>.

SO: Wong Virginia, Cheuk Daniel KL, Lee Simon, Chu Vanessa. Acupuncture for acute

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Extrakte

Further methodologically robust studies are needed to generate evidence-based conclusions.

MAIN RESULTS:

AUTHORS' CONCLUSIONS: The low methodological quality of the included studies does not allow us to make conclusive judgments on the efficacy and safety of acupuncture in either the acute treatment and/or rehabilitation of TBI. Its beneficial role for these indications remains uncertain. Further research with high quality trials is required. ACUPUNCTURE FOR ACUTE MANAGEMENT AND REHABILITATION OF TRAUMATIC BRAIN INJURY: Acupuncture used for the acute treatment, rehabilitation (or both) of traumatic brain injury (TBI) has been studied in China. We conducted a systematic review to evaluate the efficacy and safety of acupuncture for these conditions. Four randomized controlled trials were eligible for inclusion in this review, involving 294 patients. Three investigated electro-acupuncture for TBI while one investigated acupuncture for acute TBI. The studies were of low methodological quality and were diverse in their objectives, participant characteristics, acupuncture modalities and strategies, and outcome measures. The small number of studies together with their low methodological quality means that they are inadequate to allow any conclusion to be drawn about the efficacy and safety of acupuncture in the treatment of TBI. Further methodologically robust studies are needed to generate evidence-based conclusions.

AUTHORS' CONCLUSION

Record #15 of 97

TI: Acupuncture for restless legs syndrome

ID: CD006457AU: Cui **KY:** Humans [checkword]; Acupuncture Therapy

YR: 2008 **US:** <http://www.mrw.interscience.wiley>.

SO: Cui Ye, Wang Yin, Liu Zhishun. Acupuncture for restless legs syndrome. Cochrane

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Extrakte

MAIN RESULTS:

MAIN RESULTS: Fourteen potentially relevant trials were identified initially, but twelve of them did not meet the

AUTHORS' CONCLUSION

SELECTION CRITERIA and were excluded. Only two trials with 170 patients met the inclusion criteria. No data could be combined due to clinical heterogeneity between trials. Both trials had methodological and/or reporting shortcomings. No significant difference was detected in remission of overall symptoms between acupuncture and medications in one trial (RR 0.97, 95% CI 0.76 to 1.24). Another trial found that dermal needle therapy used in combination with medications and massage was more effective than medications and massage alone, in terms of remission of unpleasant sensations in the legs (RR 1.36, 95% CI 1.06 to 1.75; WMD -0.61, 95% CI -0.96 to -0.26) and reduction of RLS frequency (WMD -3.44, 95% CI -5.15 to -1.73). However, there was no significant difference for the reduction in either the longest or the shortest duration of RLS (WMD -2.58, 95% CI -5.92 to 0.76; WMD -0.38, 95% CI -1.08 to 0.32).

Record #16 of 97

TI: Acupuncture and assisted conception

ID: CD006920AU: Cheong **KY:** Female [checkword]; Humans [checkword];

YR: 2008 **US:** <http://www.mrw.interscience.wiley>.

SO: Cheong Ying C, Hung Yu Ng Ernest, Ledger William L. Acupuncture and assisted

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Extrakte

The data from this meta-analysis suggests that acupuncture does increase the live birth rate with in vitro fertilisation (IVF) treatment when performed around the time of embryo transfer. However, this could be attributed to placebo effect and the small number of trials included in the review.

MAIN RESULTS:

MAIN RESULTS: There is evidence of benefit when acupuncture is performed on the day of embryo transfer (ET) on the live birth rate (OR 1.86, 95% CI 1.29 to 2.77) but not when it is performed two to three days after ET (OR 1.79, 95% CI 0.93 to 3.44). There is no evidence of benefit on pregnancy outcomes when acupuncture is performed around the time of oocyte retrieval.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Acupuncture performed on the day of ET shows a beneficial effect on the live birth rate; however, with the present evidence this could be attributed to placebo effect and the small number of women included in the trials. Acupuncture should not be offered during the luteal phase in routine clinical practice until further evidence is available from sufficiently powered RCTs. ACUPUNCTURE AND ASSISTED CONCEPTION: The data from this meta-analysis suggests that acupuncture does increase the live birth rate with in vitro fertilisation (IVF) treatment when performed around the time of embryo transfer. However, this could be attributed to placebo effect and the small number of trials included in the review. Larger studies are necessary to confirm the results. Acupuncture may have potential harmful effects in early pregnancy and hence clinicians should be cautious when giving advice regarding the use of acupuncture in early pregnancy.

Record #17 of 97 **TI: Acupuncture and related interventions for smoking**

ID: CD000009AU: White KY: Humans [checkword]; Acupuncture Therapy;

YR: 2011 US: http://www.mrw.interscience.wiley.

SO: White Adrian R, Rampes Hagen, Liu Jian Ping, Stead Lindsay F, Campbell John.

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Extrakte

The review did not find consistent evidence that active acupuncture or related techniques increased the number of people who could successfully quit smoking.

MAIN RESULTS:

MAIN RESULTS: We included 33 reports of studies. Compared with sham acupuncture, the fixed-effect risk ratio (RR) for the short-term effect of acupuncture was 1.18 (95% confidence interval 1.03 to 1.34), and for the long-term effect was 1.05 (CI 0.82 to 1.35). The studies were not judged to be free from bias. Acupuncture was less effective than nicotine replacement therapy (NRT). There was no evidence that acupuncture is superior to waiting list, nor to psychological interventions in short- or long-term. The evidence on acupressure and laser stimulation was insufficient and could not be combined. The evidence suggested that electrostimulation is not superior to sham electrostimulation.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is no consistent, bias-free evidence that acupuncture, acupressure, laser therapy or electrostimulation are effective for smoking cessation, but lack of evidence and methodological problems mean that no firm conclusions can be drawn. Further, well designed research into acupuncture, acupressure and laser stimulation is justified since these are popular interventions and safe when correctly applied, though these interventions alone are likely to be less effective than evidence-based interventions. ACUPUNCTURE AND RELATED THERAPIES DO NOT APPEAR TO HELP SMOKERS WHO ARE TRYING TO QUIT.: Acupuncture is a traditional Chinese therapy, generally using needles to stimulate particular points in the body. Acupuncture is used with the aim of reducing the withdrawal symptoms people experience when they try to quit smoking. Related therapies include acupressure, laser therapy and electrical stimulation. The review looked at trials comparing active acupuncture with sham acupuncture (using needles at other places in the body not thought to be useful) or control conditions. The review did not find consistent evidence that active acupuncture or related techniques increased the number of people who could successfully quit smoking. However, acupuncture may be better than doing nothing, at least in the short term; and there is not enough evidence to dismiss the possibility that acupuncture might have an effect greater than placebo.

Record #18 of 97 **TI: Acupuncture for chronic asthma**

ID: CD000008AU: KY: Humans [checkword]; Acupuncture Therapy; Asthma

YR: 2003 US: http://www.mrw.interscience.wiley.

SO: McCarney Robert W, Brinkhaus Benno, Lasserson Toby J, Linde Klaus.

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Extrakte

There is insufficient evidence to make recommendations about the value of acupuncture as a treatment for asthma based on current evidence.

MAIN RESULTS:

MAIN RESULTS: Twelve studies met the inclusion criteria recruiting 350 participants. Trial reporting was poor and trial quality was deemed inadequate to generalise findings. There was variation in the type of active and sham acupuncture, the outcomes measured and time-points presented. The points used in the sham arm of some studies are used for the treatment of asthma according to traditional Chinese medicine. Two studies used individualised treatment strategies and one study used a combination strategy of formula acupuncture with the addition of individualised points. No statistically significant or clinically relevant effects were found for acupuncture compared to sham acupuncture. Data from two small studies were pooled for lung function (post-treatment FEV1): Standardised Mean Difference 0.12, 95% confidence interval -0.31 to 0.55).

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is not enough evidence to make recommendations about the value of acupuncture in asthma treatment. Further research needs to consider the complexities and different types of acupuncture. ACUPUNCTURE FOR CHRONIC ASTHMA: Acupuncture is a treatment originating from traditional Chinese medicine. It consists of the stimulation of defined points on the skin (mostly by insertion of needles). The objective of this review was to assess whether there is evidence from randomised controlled trials that asthma patients benefit from acupuncture. The studies included in the review were of variable quality and had inconsistent results. Future research should concentrate on establishing whether there is a non-specific component of acupuncture which benefits recipients of treatment. There should be an assessment not merely of placebo treatment, but also of 'no treatment' as well. There is insufficient evidence to make recommendations about the value of acupuncture as a treatment for asthma based on current evidence.

Record #19 of 97 **TI: Acupuncture and dry-needling for low back pain**

ID: CD001351AU: Furlan KY: Humans [checkword]; Acupuncture Therapy; Low

YR: 2005 US: http://www.mrw.interscience.wiley.

SO: Furlan Andrea D, van Tulder Maurits W, Cherkin Dan, Tsukayama Hiroshi, Lao

Zuordnung RH

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Extrakte

Dry-needling appears to be a useful adjunct to other therapies for chronic low-back pain.

MAIN RESULTS:

MAIN RESULTS: Thirty-five RCTs were included; 20 were published in English, seven in Japanese, five in Chinese and one each in Norwegian, Polish and German. There were only three trials of acupuncture for acute low-back pain. They did not justify firm conclusions, because of small sample sizes and low methodological quality of the studies. For chronic low-back pain there is evidence of pain relief and functional improvement for acupuncture, compared to no treatment or sham therapy. These effects were only observed immediately after the end of the sessions and at short-term follow-up. There is evidence that acupuncture, added to other conventional therapies, relieves pain and improves function better than the conventional therapies alone. However, effects are only small. Dry-needling appears to be a useful adjunct to other therapies for chronic low-back pain. No clear recommendations could be made about the most effective acupuncture technique.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The data do not allow firm conclusions about the effectiveness of acupuncture for acute low-back pain. For chronic low-back pain, acupuncture is more effective for pain relief and functional improvement than no treatment or sham treatment immediately after treatment and in the short-term only. Acupuncture is not more effective than other conventional and alternative treatments. The data suggest that acupuncture and dry-needling may be useful adjuncts to other therapies for chronic low-back pain. Because most of the studies were of lower methodological quality, there certainly is a further need for higher quality trials in this area. ACUPUNCTURE AND DRY-NEEDLING FOR LOW BACK PAIN: Thirty-five RCTs covering 2861 patients were included in this systematic review. There is insufficient evidence to make any recommendations about acupuncture or dry-needling for acute low-back pain. For chronic low-back pain, results show that acupuncture is more effective for pain relief than no treatment or sham treatment, in measurements taken up to three months. The results also show that for chronic low-back pain, acupuncture is more effective for improving function than no treatment, in the short-term. Acupuncture is not more effective than other conventional and alternative treatments. When acupuncture is added to other conventional therapies, it relieves pain and improves function better than the conventional therapies alone. However, effects are only small. Dry-needling appears to be a useful adjunct to other therapies for chronic low-back pain.

Record #20 of 97 **TI: Acupuncture for Attention Deficit Hyperactivity**

ID: CD007839AU: Li KY: Child [checkword]; Humans [checkword]; Acupuncture

YR: 2011 US: http://www.mrw.interscience.wiley.

SO: Li Shasha, Yu Bo, Zhou Dong, He Chengqi, Kang Lin, Wang Xiaotong, Jiang

Zuordnung RH

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Extrakte

MAIN RESULTS:

MAIN RESULTS: No studies met the inclusion criteria for this review.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: A comprehensive search showed that there is no evidence base of randomised or quasi-randomised controlled trials to support the use of acupuncture as a treatment for ADHD in children and adolescents. Due to the lack of trials, we cannot reach any conclusions about the efficacy and safety of acupuncture for ADHD in children and adolescents. This review highlights the need for further research in this area in the form of high quality, large scale, randomised controlled trials. ACUPUNCTURE FOR ADHD IN CHILDREN AND ADOLESCENTS: Attention Deficit Hyperactivity Disorder (ADHD) is a common childhood psychiatric disorder with features of inattention, hyperactivity and impulsivity. In general, effective treatment for ADHD relies on comprehensive therapy. Acupuncture is a complementary and alternative medicine (CAM) therapy that seems to have few side effects.Being considered a relatively simple, inexpensive and safe treatment compared to other conventional interventions, acupuncture is used widely in oriental countries. According to the basic theory of Traditional Chinese Medicine (TCM), ADHD is caused by 'liver yang overactive', 'effulgent gallbladder fire', 'heart-spleen qi deficiency', 'non-interaction of heart and kidney' and 'yin-yang disharmony'. Thus, ADHD in children presents as clinical symptoms of over-activity, restlessness, recklessness, impoliteness and stubbornness. 'Yin-yang' and 'Qi-xue' are very important concepts in TCM. In a meridian system, the main interpretation of 'yin' and 'yang' is symmetry and balance. Acupuncture could help keep internal yin and yang in balance. It is also believed in TCM theory that acupuncture can strengthen the vital essence of the human body, which is called 'Qi' in China, and remove the blockage of channels. Qi could move between yin and yang to coordinate them in harmony so as to make an amiable, stable and peaceful internal environment.Acupuncture is increasingly practiced as a therapeutic intervention in Western countries. However, it remains uncertain whether the existing evidence is strong enough to justify the use of acupuncture as a treatment for ADHD.No trials were included in this review. The review authors concluded that there is inadequate evidence to draw any conclusions about the efficacy or safety of acupuncture for ADHD in children and adolescents. There is an urgent need for further large scale, multicenter, randomised, controlled, double-blinded studies of acupuncture with standardized evaluation of outcomes for ADHD in children and adolescents.

Record #21 of 97 **TI: Acupuncture for Bell's palsy**
ID: CD002914AU: Chen KY: Humans [checkword]; Acupuncture Therapy
YR: 2010 US: http://www.mrw.interscience.wiley.
SO: Chen Ning, Zhou Muke, He Li, Zhou Dong, Li N. Acupuncture for Bell's palsy.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The quality of the included trials was inadequate to allow any conclusion about the efficacy of acupuncture. More research with high quality trials is needed. ACUPUNCTURE FOR BELL'S PALSY: Bell's palsy or idiopathic facial palsy is the most common disorder affecting the facial nerves and results in weakness or paralysis on one side of the face. The paralysis causes distortion of the face and interferes with normal functions, such as closing the eye and eating. It is thought to be caused by inflammation of the facial nerve.According to Traditional Chinese Medicine, facial paralysis is known as 'deviated mouth'. It was attributed to 'wind' by past dynasties. 'Qi' refers to the vital substances comprising the human body and the physiological functions of viscera and bowels, channels and collaterals. It maintains life activities and reflects the resistance of the human body. Deficiency of 'qi' allows the invasion of exogenous pathogenic wind. Acupuncture is part of Traditional Chinese Medicine and dates back thousands of years. It involves inserting fine needles into specific points on the skin or applying various other techniques to the acupuncture points to bring about healing. In Bell's palsy, acupuncture treatment might have numerous beneficial effects. This review aimed to review systematically all randomised controlled trials and controlled clinical trials, which examined the effectiveness of acupuncture by needle insertion for Bell's palsy. Six studies including a total of 537 participants met the inclusion criteria. Five studies used acupuncture while the other used acupuncture combined with drugs. No trials reported on the outcomes specified for this review. Harmful side effects were not reported in any of the trials. Poor quality caused by flaws in study design or reporting (including uncertain method of randomisation, allocation concealment and blinding) and clinical differences between trials prevented reliable conclusions about the efficacy of acupuncture. More research with high quality trials is needed.

Record #22 of 97 **TI: Acupuncture for dysphagia in acute stroke**
ID: CD006076AU: Xie KY: Humans [checkword]; Acupuncture Therapy
YR: 2008 US: http://www.mrw.interscience.wiley.
SO: Xie Yue, Wang Liping, He Jinghua, Wu Taixiang. Acupuncture for dysphagia in

Zuordnung RH

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Extrakte

Considering the small sample size and methodological imperfections, there is insufficient evidence to determine the effectiveness of acupuncture. More research is needed.

MAIN RESULTS:

MAIN RESULTS: The literature search and handsearching identified 49 potentially relevant articles. Of these, six RCTs were included involving 537 participants with Bell's palsy. Two more possible trials were identified in the update than the previous version of this systematic review, but both were excluded because they were not real RCTs. Of the six included trials, five used acupuncture while the other one used acupuncture combined with drugs. No trial reported on the outcomes specified for this review. Harmful side effects were not reported in any of the trials. Poor quality caused by flaws in study design or reporting (including uncertain method of randomisation, allocation concealment and blinding) and clinical differences between trials prevented reliable conclusions about the efficacy of acupuncture.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is not enough evidence to make any conclusion about the therapeutic effect of acupuncture for dysphagia after acute stroke. High quality and large scale randomised controlled trials are needed. ACUPUNCTURE FOR DYSPHAGIA IN ACUTE STROKE: Better designed clinical trials are needed to prove whether acupuncture is effective for treating swallowing difficulties in patients with stroke. Patients who have swallowing difficulties (dysphagia) as a result of their stroke are less likely to survive and be free of disability than stroke patients who can swallow normally. Acupuncture is commonly used to treat this complication in traditional Chinese medicine practice. We systematically reviewed currently available evidence for the use of acupuncture in treating swallowing difficulties after acute stroke. Only one small randomised controlled trial was identified, involving 66 participants, which did not provide clear evidence of benefit from adding acupuncture to standard Western medical treatment. Considering the small sample size and methodological imperfections, there is insufficient evidence to determine the effectiveness of acupuncture. More research is needed.

Record #23 of 97 **TI: Acupuncture for stroke rehabilitation**
ID: CD004131AU: Wu Hong KY: Humans [checkword]; Acupuncture Therapy;
YR: 2006 US: http://www.mrw.interscience.wiley.
SO: Wu Hong Mei, Tang Jin-Ling, Lin Xiao Ping, Lau Joseph TF, Leung Ping Chung,

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Extrakte

MAIN RESULTS:

MAIN RESULTS: Five trials (368 patients) met the inclusion criteria. Methodological quality was considered inadequate in all trials. Although the overall estimate from four trials suggested the odds of improvement in global neurological deficit was higher in the acupuncture group compared with the control group (odds ratio (OR) 6.55, 95% confidence interval (CI) 1.89 to 22.76), this estimate may not be reliable since there was substantial heterogeneity (I2 = 68%). One trial showed no significant improvement of motor function between the real acupuncture group and the sham acupuncture group (OR 9.00, 95% CI 0.40 to 203.30), but the confidence interval was wide and included clinically significant effects in both directions. No data on death, dependency, institutional care, change of neurological deficit score, quality of life or adverse events were available.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Currently there is no clear evidence on the effects of acupuncture on subacute or chronic stroke. Large, methodologically-sound trials are required. ACUPUNCTURE FOR STROKE REHABILITATION: There is no clear evidence of the effects of acupuncture on stroke rehabilitation. Acupuncture has biological effects that might improve recovery from stroke or facilitate rehabilitation. This review looked for randomised trials comparing acupuncture with control in patients who had a stroke more than one month previously. Five trials were identified but all the trials were of poor quality and no definite conclusions could be drawn about the effects of acupuncture in such patients. More large, high quality randomised trials are needed.

Record #24 of 97 **TI: Acupuncture for lateral elbow pain**
ID: CD003527AU: Green KY: Adult [checkword]; Humans [checkword]; Acupuncture
YR: 2002 US: http://www.mrw.interscience.wiley.
SO: Green Sally, Buchbinder Rachele, Barnsley Les, Hall Stephen, White Millicent,

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Extrakte

Acupuncture might be able to provide short-term relief from tennis elbow, but more research is needed.

MAIN RESULTS:

MAIN RESULTS: Four small randomized controlled trials were included but due to flaws in study designs (particularly small populations, uncertain allocation concealment and substantial loss to follow up) and clinical differences between trials, data from trials could not be combined in a meta-analysis. One randomised controlled trial found that needle acupuncture results in relief of pain for significantly longer than placebo (WMD = 18.8 hours, 95%CI 10.1 to 27.5) and is more likely to result in a 50% or greater reduction in pain after 1 treatment (RR 0.33, 95%CI 0.16 to 0.69) (Molsberger 1994) . A second randomized controlled trial demonstrated needle acupuncture to be more likely to result in overall participant reported improvement than placebo in the short term (RR = 0.09 95% CI 0.01 to 0.64) (Haker 1990a) . No significant differences were found in the longer term (after 3 or 12 months). A randomized controlled trial of laser acupuncture versus placebo demonstrated no differences between laser acupuncture and placebo with respect to overall benefit (Haker 1990b). A fourth included trial published in Chinese demonstrated no difference between Vitamin B12 injection plus acupuncture, and Vitamin B12 injection alone (Wang 1997).

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is insufficient evidence to either support or refute the use of acupuncture (either needle or laser) in the treatment of lateral elbow pain. This review has demonstrated needle acupuncture to be of short term benefit with respect to pain, but this finding is based on the results of 2 small trials, the results of which were not able to be combined in meta-analysis. No benefit lasting more than 24 hours following treatment has been demonstrated. No trial assessed or commented on potential adverse effect. Further trials, utilising appropriate methods and adequate sample sizes, are needed before conclusions can be drawn regarding the effect of acupuncture on tennis elbow. ACUPUNCTURE FOR ELBOW PAIN: Acupuncture might be able to provide short-term relief from tennis elbow, but more research is needed.

Record #25 of 97 **TI: Acupuncture for uterine fibroids**

ID: CD007221AU: Zhang KY: Female [checkword]; Humans [checkword];

YR: 2010 US: http://www.mrw.interscience.wiley.

SO: Zhang Yan, Peng Weina, Clarke Jane, Liu Zhishun. Acupuncture for uterine

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Extrakte

The effectiveness of acupuncture for the management of uterine fibroids remains uncertain.

MAIN RESULTS:

MAIN RESULTS: No randomized double-blind controlled trials met the inclusion criteria .

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The effectiveness of acupuncture for the management of uterine fibroids remains uncertain. More evidence is required to establish the efficacy and safety of acupuncture for uterine fibroids. There is a continued need for well designed RCTs with long term follow up. ACUPUNCTURE FOR UTERINE FIBROIDS: There is no reliable proof of effectiveness of acupuncture for uterine fibroids due to lack of randomized controlled trials up to now.

Record #26 of 97

TI: Acupuncture for vascular dementia

ID: CD004987AU: Weina KY: Humans [checkword]; Acupuncture Therapy;

YR: 2007 US: http://www.mrw.interscience.wiley.

SO: Weina Peng, Zhao Hong, Zhishun Liu, Shi Wang. Acupuncture for vascular

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Extrakte

In the absence of any suitable randomized placebo-controlled trials in this area, we were unable to perform a meta-analysis.

MAIN RESULTS:

MAIN RESULTS: In the absence of any suitable randomized placebo-controlled trials in this area, we were unable to perform a meta-analysis.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The effectiveness of acupuncture for vascular dementia is uncertain. More evidence is required to show that vascular dementia can be treated effectively by acupuncture. There are no RCTs and high quality trials are few. Randomized double-blind placebo controlled trials are urgently needed. THERE IS NO EVIDENCE FROM RANDOMIZED CONTROLLED TRIALS TO DETERMINE WHETHER ACUPUNCTURE PROVIDES ANY EFFECT WHEN TREATING PEOPLE WITH VASCULAR DEMENTIA: Acupuncture is used to treat vascular dementia, but because no randomized controlled trials of acupuncture versus placebo were found, its efficacy and safety could not be analysed in this review. There is a need for randomized placebo controlled trials of acupuncture for people with vascular dementia.

Record #27 of 97

TI: Acupuncture for primary dysmenorrhoea

ID: CD007854AU: Smith KY: Adult [checkword]; Female [checkword]; Humans

YR: 2011 US: http://www.mrw.interscience.wiley.

SO: Smith Caroline A, Zhu Xiaoshu, He Lin, Song Jing. Acupuncture for primary

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Extrakte

Acupuncture may reduce period pain, however there is a need for further well-designed randomised controlled trials.

MAIN RESULTS:

MAIN RESULTS: Ten trials were included in the review with data reporting on 944 participants. Six trials reported on acupuncture (n = 673) and four trials (n = 271) reported on acupressure. There was an improvement in pain relief from acupuncture compared with a placebo control (OR 9.5, 95% CI 21.17 to 51.8), NSAIDs (SMD -0.70, 95% CI -1.08 to -0.32) and Chinese herbs (SMD -1.34, 95% CI -1.74 to -0.95). In two trials acupuncture reduced menstrual symptoms (for example nausea, back pain) compared with medication (OR 3.25, 95% CI 1.53 to 6.86); in one trial acupuncture reduced menstrual symptoms compared with Chinese herbs (OR 7.0, 95% CI 2.22, 22.06); and in one trial acupuncture improved quality of life compared with usual care. There was an improvement in pain relief from acupressure compared with a placebo control (SMD -0.99, 95% CI -1.48 to -0.49), and in one trial acupressure reduced menstrual symptoms compared with a placebo control (SMD -0.58, 95% CI -1.06 to -0.10). The risk of bias was low in 50% of trials.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Acupuncture may reduce period pain, however there is a need for further well-designed randomised controlled trials. ACUPUNCTURE FOR PERIOD PAIN: Dysmenorrhoea, known as period pain, is commonly experienced by younger women. Symptoms may include cramping pain in the lower abdomen that may radiate to the lower back or anterior thigh, nausea, vomiting, diarrhoea, headache, fatigue, anxiety, and dizziness. The review found some evidence for the use of acupuncture in managing period pain. However, these findings should be interpreted with caution due to the small number of studies and study participants. No significant adverse effects were identified in this review.

Record #28 of 97

TI: Acupuncture-point stimulation for chemotherapy-

ID: CD002285AU: Ezzo KY: Humans [checkword]; Acupuncture Points;

YR: 2006 US: http://www.mrw.interscience.wiley.

SO: Ezzo Jeanette, Richardson Mary Ann, Vickers Andrew, Allen Claire, Dibble

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Extrakte

Electroacupuncture reduced the proportion of acute vomiting, Acupressure reduced mean acute nausea severity

MAIN RESULTS:

MAIN RESULTS: Eleven studies (N = 1247) were pooled. Overall, acupuncture-point stimulation of all methods combined reduced the incidence of acute vomiting (RR = 0.82; 95% confidence interval (CI) 0.69 to 0.99; P = 0.04), but not acute or delayed nausea severity compared to control. By modality, stimulation with needles reduced proportion of acute vomiting (RR = 0.74; 95% CI 0.58 to 0.94; P = 0.01), but not acute nausea severity. Electroacupuncture reduced the proportion of acute vomiting (RR = 0.76; 95% CI 0.60 to 0.97; P = 0.02), but manual acupuncture did not; delayed symptoms for acupuncture were not reported. Acupressure reduced mean acute nausea severity (SMD = -0.19; 95% CI -0.37 to -0.01; P = 0.04) but not acute vomiting or delayed symptoms. Noninvasive electrostimulation showed no benefit for any outcome. All trials used concomitant pharmacologic antiemetics, and all, except electroacupuncture trials, used state-of-the-art antiemetics.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: This review complements data on post-operative nausea and vomiting suggesting a biologic effect of acupuncture-point stimulation. Electroacupuncture has demonstrated benefit for chemotherapy-induced acute vomiting, but studies combining electroacupuncture with state-of-the-art antiemetics and in patients with refractory symptoms are needed to determine clinical relevance. Self-administered acupressure appears to have a protective effect for acute nausea and can readily be taught to patients though studies did not involve placebo control. Noninvasive electrostimulation appears unlikely to have a clinically relevant impact when patients are given state-of-the-art pharmacologic antiemetic therapy. ACUPUNCTURE FOR NAUSEA AND VOMITING WHICH HAS BEEN INDUCED BY HAVING CHEMOTHERAPY TREATMENT: This review looked at whether stimulating acupuncture points could reduce nausea and vomiting caused by chemotherapy. Acupuncture points can be stimulated by acupuncture applied with electricity (electroacupuncture), acupuncture without electricity (manual acupuncture), acupressure (pressing on the points usually with fingertip), or electrical stimulation on the skin surface such as wristwatch-like devices. Electroacupuncture reduced first-day vomiting, but manual acupuncture did not. Acupressure reduced first-day nausea, but was not effective on later days. Acupressure showed no benefit for vomiting. Electrical stimulation on the skin showed no benefit. All trials also gave anti-vomiting drugs, but the drugs used in the electroacupuncture trials were not the most modern drugs, so it is not known if electroacupuncture adds anything to modern drugs. Trials of electroacupuncture with modern drugs are needed.

Record #29 of 97	TI: Acupuncture or acupressure for pain management	Zuordnung RH <input checked="" type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input type="radio"/> nicht freigegeben	Extrakte Acupuncture and acupressure may have a role with reducing pain, increasing satisfaction with pain management and reduced use of pharmacological management.	MAIN RESULTS: AUTHORS' CONCLUSIONS: Acupuncture and acupressure may have a role with reducing pain, increasing satisfaction with pain management and reduced use of pharmacological management. However, there is a need for further research. ACUPUNCTURE OR ACUPRESSURE FOR RELIEVING PAIN IN LABOUR: Acupuncture or acupressure may help relieve pain during labour, but more research is needed. The pain of labour can be intense, and may be worsened because of a woman's tension, anxiety and fear affecting their labour and birth experience . Many women would like to labour without using drugs or invasive methods of pain management, and turn to alternatives to manage the pain. The review of 13 trials, with data reporting on 1986 women, found that acupuncture or acupressure may help relieve labour pain. Single or limited numbers of trials reported less intense pain, increased satisfaction with pain relief and reduced use of analgesic drugs with acupuncture compared with placebo or usual care. Acupressure also reduced pain intensity. Acupuncture involves the insertion of fine needles into different parts of the body to correct the imbalance of energy in the body. The intervention was administered at term as individualised treatment (six trials) or at standardised acupuncture points in the majority of trials but with wide variation in the mode of stimulation, duration of needling, number of points used, depth of needling and duration of the trial.
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Record #30 of 97	TI: Acupuncture for epilepsy	Zuordnung RH <input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input checked="" type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input type="radio"/> nicht freigegeben	Extrakte it remains uncertain whether acupuncture is effective and safe for treating people with epilepsy	MAIN RESULTS: MAIN RESULTS: Sixteen trials (15 in China and 1 in Norway) with 1486 participants met the inclusion criteria. Compared with control treatment, needle acupuncture was not effective in reducing seizure frequency (five trials). Compared with phenytoin (two trials), needle acupuncture may be better in achieving at least 75% or at least 25% reduction in seizure frequency. Compared with valproate (two trials), needle acupuncture may be better in achieving at least 50% or at least 75% reduction in seizure frequency, better quality of life (QOL), lower frequency of impaired concentration, and higher likelihood of at least 70% improvement in epilepsy score.Compared with antiepileptic drugs (four trials), catgut implantation at acupoints may be better in achieving at least 50% reduction in seizure frequency. However, there was significant heterogeneity in this outcome. Catgut implantation may be better in achieving at least 75% or at least 25% reduction in seizure frequency, at least 70% or at least 40% improvement in epilepsy score, better quality of life and lower frequency of dizziness or impaired concentration. Compared with valproate alone (five trials), catgut implantation may be better in achieving seizure freedom or at least 75% reduction in seizure frequency. However, there was significant heterogeneity in the latter outcome. Catgut implantation may be better in achieving at least 25% reduction in seizure frequency and improvement in epilepsy score, QOL, and lower frequency of anorexia. All included trials had high risk of bias with short follow-up.
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AUTHORS' CONCLUSION
AUTHORS' CONCLUSIONS: The current evidence does not support acupuncture for treating epilepsy. ACUPUNCTURE FOR EPILEPSY: Patients with epilepsy are currently treated with antiepileptic drugs, but a significant number of people continue to have seizures and many experience adverse effects to the drugs. As a result there is increasing interest in alternative therapies and acupuncture is one of those. Sixteen randomised controlled trials were included in the current systematic review. However all included trials had high risk of bias and it remains uncertain whether acupuncture is effective and safe for treating people with epilepsy.

Record #31 of 97	TI: Acupuncture for glaucoma	Zuordnung RH <input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input checked="" type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input type="radio"/> nicht freigegeben	Extrakte Evidence was limited to a few case series of small sample size.	MAIN RESULTS: MAIN RESULTS: We found no randomized clinical trials and subsequently no meta-analysis was conducted. Evidence was limited to a few case series of small sample size.
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AUTHORS' CONCLUSION
AUTHORS' CONCLUSIONS: At this time, it is impossible to draw reliable conclusions from the available data to support the use of acupuncture for the treatment of glaucoma. Since most glaucoma patients currently cared for by ophthalmologists do not use non-traditional therapy, the clinical practice decisions will have to be based on physician judgement and patients' value given this lack of data in the literature. ACUPUNCTURE AS A TREATMENT MODALITY FOR PATIENTS WITH GLAUCOMA: Glaucoma is a leading cause of blindness worldwide. Although there are many existing treatments, including the use of eye drops, laser treatment, and a variety of surgical procedures, some patients may seek complementary or alternative medicine such as acupuncture to supplement their regular treatment. This review aimed to evaluate available evidence of the effectiveness and safety of acupuncture in treating patients with glaucoma. We did not find any randomized clinical trials on the subject. The limited information from a few case series highlights the gap in the existing evidence. At this point, the effectiveness of acupuncture as a therapeutic modality for glaucoma could not be established.

Record #32 of 97	TI: Acupuncture for induction of labour	Zuordnung RH <input type="radio"/> eindeutig pos <input checked="" type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input type="radio"/> nicht freigegeben	Extrakte The evidence regarding the clinical effectiveness of this technique is limited, although small studies suggest women receiving acupuncture compared to standard obstetric care received fewer methods of induction. More research is needed.	MAIN RESULTS: MAIN RESULTS: Three trials (212 women) were included in the review. Fewer women receiving acupuncture required use of induction methods (RR 1.45, 95% CI 1.08 to 1.95) compared with standard care (147 women, relative risk 1.45, 95% confidence interval 1.08 to 1.95). There were no differences between groups in the reporting of other outcomes.
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AUTHORS' CONCLUSION
AUTHORS' CONCLUSIONS: There is a need for well-designed randomised controlled trials to evaluate the role of acupuncture to induce labour and for trials to assess clinically meaningful outcomes. ACUPUNCTURE FOR INDUCTION OF LABOUR: There is insufficient evidence describing the efficacy of acupuncture to induce labour.Induction of labour (getting labour started artificially) is common when the pregnancy is posing a greater risk to the pregnant woman or her unborn child. Acupuncture is the insertion of fine needles into specific energy points of the body and has been used to help induce labour and reduce labour pains. The review included three trials involving 212 women. The evidence regarding the clinical effectiveness of this technique is limited, although small studies suggest women receiving acupuncture compared to standard obstetric care received fewer methods of induction. More research is needed.

Record #33 of 97 **TI: Acupuncture for polycystic ovarian syndrome**

ID: CD007689AU: Lim CC: HM-MENSTR

YR: 2011 US: <http://www.mrw.interscience.wiley>.

SO: Lim Danform CE, Chen Wei, Cheng Lisa NC, Xue Charlie Changli, Wong Felix WS,

Zuordnung RH

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AUTHORS' CONCLUSION

Record #34 of 97

TI: Interventions for preventing and treating pelvic

ID: CD001139AU: Pennick KY: Female [checkword]; Humans [checkword];

YR: 2007 US: <http://www.mrw.interscience.wiley>.

SO: Pennick Victoria, Young Gavin. Interventions for preventing and treating pelvic and

Zuordnung RH

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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: All but one study had moderate to high potential for bias, so results must be viewed cautiously. Adding pregnancy-specific exercises, physiotherapy or acupuncture to usual prenatal care appears to relieve back or pelvic pain more than usual prenatal care alone, although the effects are small. We do not know if they actually prevent pain from starting in the first place. Water gymnastics appear to help women stay at work. Acupuncture shows better results compared to physiotherapy. INTERVENTIONS FOR PREVENTING AND TREATING PELVIC AND BACK PAIN IN PREGNANCY: Many women experience back or pelvic pain during pregnancy. This pain generally increases as pregnancy advances and it interferes with daily activities (like carrying, cleaning, sitting and walking), can prevent women going to work and sometimes disturbs sleep. Suggestions to help manage the pain are varied and include special pregnancy exercises, frequent rest, hot and cold compresses, a supportive belt, massage, acupuncture, chiropractic, aromatherapy, relaxation, herbs, yoga and Reiki. Sometimes drugs like acetaminophen have also been suggested. No studies were found dealing with the prevention of back and pelvic pain. For treatment, the review of trials found eight studies, involving 1305 participants, that examined the effects of various pregnancy-specific exercises, physiotherapy programs, acupuncture and using special pillows added to usual prenatal care. They were compared to usual pregnancy care or other treatments. The quality of the studies was not the best, and so the findings should be treated with caution. The review found that specifically tailored strengthening exercise, sitting pelvic tilt exercise programs and water gymnastics all reported beneficial effects. The Ozzlo pillow seemed to be effective but is no longer available. In addition, acupuncture seemed more effective than physiotherapy. Adverse effects, when reported, appeared minor and transient. More research is needed on this widespread problem of pregnancy.

Record #35 of 97

TI: Acupuncture for Parkinson's Disease

ID: CD006236AU: Wang CC: HM-MOVEMENT

YR: 2006 US: <http://www.mrw.interscience.wiley>.

SO: Wang Liping, Xie Yue, Zhang Shengxi, Wu Taixiang. Acupuncture for Parkinson's

Zuordnung RH

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- ungenügende qualität
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AUTHORS' CONCLUSION

Extrakte

On the other hand, various non-randomised studies of acupuncture in PCOS have suggested low rates of associated adverse events, no increased risk of multiple pregnancy and that it is comparatively inexpensive to administer. However, it should be emphasised that these conclusions are made based on the findings of non-randomised controlled studies alone and therefore may not reliably support the effectiveness and use of acupuncture in this area.

MAIN RESULTS:

AUTHORS' CONCLUSIONS: The current conventional medical treatments for women with PCOS are prescription medications, surgery, and lifestyle changes. Associated problems with current western therapies are the cost, risk of multiple pregnancies, undesirable side effects, and inconsistent effectiveness. Non-randomised acupuncture studies in PCOS have suggested a low associated adverse events rate, no increased risk of multiple pregnancies, and that it is inexpensive. However, there no RCTs have been performed in this area thus far. Therefore, properly designed RCTs are required before a conclusive statement can be drawn to support the use of acupuncture in the management of PCOS. ACUPUNCTURE FOR POLYCYSTIC OVARIAN SYNDROME: Polycystic ovarian syndrome (PCOS) is characterised by the clinical signs of infrequent or very light menstruation, failure to conceive, and excessive hair growth. The current standard western medical treatments for women with PCOS are prescription medications, surgery and lifestyle changes, whether or not they want to become pregnant. However, problems associated with current western therapies are the cost, increased risk of multiple pregnancies, undesirable side effects and inconsistency in their effectiveness. On the other hand, various non-randomised studies of acupuncture in PCOS have suggested low rates of associated adverse events, no increased risk of multiple pregnancy and that it is comparatively inexpensive to administer. However, it should be emphasised that these conclusions are made based on the findings of non-randomised controlled studies alone and therefore may not reliably support the effectiveness and use of acupuncture in this area.

Extrakte

Both acupuncture and stabilising exercises relieved pelvic pain more than usual prenatal care. Acupuncture gave more relief from evening pain than exercises. For women with both pelvic and back pain, in one study, acupuncture was more effective than physiotherapy in reducing the intensity of their pain;

MAIN RESULTS:

MAIN RESULTS: We found no studies dealing specifically with prevention of back or pelvic pain. We included eight studies (1305 participants) that examined the effects of adding various pregnancy-specific exercises, physiotherapy, acupuncture and pillows to usual prenatal care.For women with low-back pain, participating in strengthening exercises, sitting pelvic tilt exercises (standardised mean difference (SMD) -5.34; 95% confidence interval (CI) -6.40 to -4.27), and water gymnastics reduced pain intensity and back pain-related sick leave (relative risk (RR) 0.40; 95% CI 0.17 to 0.92) better than usual prenatal care alone.The specially-designed Ozzlo pillow was more effective than a regular one in relieving back pain (RR 1.84; 95% CI 1.32 to 2.55), but is no longer commercially available. Both acupuncture and stabilising exercises relieved pelvic pain more than usual prenatal care. Acupuncture gave more relief from evening pain than exercises. For women with both pelvic and back pain, in one study, acupuncture was more effective than physiotherapy in reducing the intensity of their pain; stretching exercises resulted in more total pain relief (60%) than usual care (11%); and 60% of those who received acupuncture reported less intense pain, compared to 14% of those receiving usual prenatal care. Women who received usual prenatal care reported more use of analgesics, physical modalities and sacroiliac belts.

Record #36 of 97

TI: Acupuncture for premenstrual syndrome

ID: CD005290AU: Yu CC: HM-MENSTR

YR: 2005 US: <http://www.mrw.interscience.wiley>.

SO: Yu Jinna, Liu Baoyan, Liu Zhishun, Welch Vivian, Wu Taixiang, Clarke Jane, Smith

Zuordnung RH

- eindeutig pos
- eher pos
- neutral
- ungenügende qualität
- ungenügende datenmenge
- neg
- nicht freigegeben

AUTHORS' CONCLUSION

Record #37 of 97 **TI: Acupuncture for treating fibromyalgia**
ID: CD007070AU: Deare CC: HM-MUSKEL
YR: 2008 US: <http://www.mrw.interscience.wiley>.
SO: Deare John C, Zheng Zhen, Xue Charlie Changli, Liu Jian Ping, Shang Jingsheng,

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Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #38 of 97 **TI: Complementary and alternative therapies for pain**
ID: CD003521AU: Smith KY: Female [checkword]; Humans [checkword];
YR: 2006 US: <http://www.mrw.interscience.wiley>.
SO: Smith Caroline A, Collins Carmel T, Cyna Allan M, Crowther Caroline A.

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Extrakte

Acupuncture and hypnosis may help relieve pain during labour, but more research is needed on these and other complementary therapies.

MAIN RESULTS:

MAIN RESULTS: Fourteen trials were included in the review with data reporting on 1537 women using different modalities of pain management; 1448 women were included in the meta-analysis. Three trials involved acupuncture (n = 496), one audio-analgesia (n = 24), two trials acupressure (n = 172), one aromatherapy (n = 22), five trials hypnosis (n = 729), one trial of massage (n = 60), and relaxation (n = 34). The trials of acupuncture showed a decreased need for pain relief (relative risk (RR) 0.70, 95% confidence interval (CI) 0.49 to 1.00, two trials 288 women). Women taught self-hypnosis had decreased requirements for pharmacological analgesia (RR 0.53, 95% CI 0.36 to 0.79, five trials 749 women) including epidural analgesia (RR 0.30, 95% CI 0.22 to 0.40) and were more satisfied with their pain management in labour compared with controls (RR 2.33, 95% CI 1.15 to 4.71, one trial). No differences were seen for women receiving aromatherapy, or audio analgesia.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Acupuncture and hypnosis may be beneficial for the management of pain during labour; however, the number of women studied has been small. Few other complementary therapies have been subjected to proper scientific study. COMPLEMENTARY AND ALTERNATIVE THERAPIES FOR PAIN MANAGEMENT IN LABOUR: Acupuncture and hypnosis may help relieve pain during labour, but more research is needed on these and other complementary therapies.The pain of labour can be intense, with tension, anxiety and fear making it worse. Many women would like to labour without using drugs, and turn to alternatives to manage pain. Many alternative methods are tried in order to help manage pain and include acupuncture, mind-body techniques, massage, reflexology, herbal medicines or homoeopathy, hypnosis and music. We found evidence that acupuncture and hypnosis may help relieve labour pain. There is insufficient evidence about the benefits of music, massage, relaxation, white noise, acupressure, aromatherapy, and no evidence about the effectiveness of massage or other complementary therapies.

Record #39 of 97 **TI: Interventions (other than pharmacological,**
ID: CD006795AU: Dennis KY: Female [checkword]; Humans [checkword];
YR: 2008 US: <http://www.mrw.interscience.wiley>.
SO: Dennis Cindy-Lee, Allen Kim. Interventions (other than pharmacological,

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Extrakte

There is not enough evidence available to determine if maternal massage or depression-specific acupuncture interventions are effective in treating antenatal depression

MAIN RESULTS:

MAIN RESULTS: We included one US three-armed randomised controlled trial in this review, incorporating 61 outpatient antenatal women who met Diagnostic and Statistical Manual for Mental Disorders-IV criteria for major depression. Maternal massage, compared to non-specific acupuncture (control group), did not significantly decrease the number of women diagnosed with clinical depression immediately post-treatment (one trial, n = 38; risk ratio (RR) 0.80, 95% confidence interval (CI) 0.25 to 2.53) or at final assessment at 10 weeks' postpartum (one trial, n = 32; RR 1.93, 95% CI 0.37 to 10.01). Acupuncture specifically treating symptoms of depression, compared to non-specific acupuncture, did not significantly decrease the number of women diagnosed with clinical depression immediately post-treatment (one trial, n = 35; RR 0.48, 95% CI 0.11 to 2.13) or at final assessment at 10 weeks' postpartum (one trial, n = 32; RR 0.64, 95% CI 0.06 to 6.39).

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The evidence is inconclusive to allow us to make any recommendations for massage therapy or depression-specific acupuncture for the treatment of antenatal depression. The included trial was too small with a non-generalisable sample, to make any recommendations.[Note: The eleven citations in the awaiting classification section of the review may alter the conclusions of the review once assessed.] INTERVENTIONS (OTHER THAN PHARMACOLOGICAL, PSYCHOSOCIAL OR PSYCHOLOGICAL) FOR TREATING ANTENATAL DEPRESSION: There is not enough evidence available to determine if maternal massage or depression-specific acupuncture interventions are effective in treating antenatal depression.Although for many women pregnancy was once thought of as a time of emotional well-being, approximately 12% of women will suffer from antenatal depression. Research suggests that women who are on low income, lack social support, experience significant stress or negative life events, and have poor relationships may be at higher risk of developing antenatal depression. Unfortunately, depression during the pregnancy is related to poor maternal self-care behaviours, which may influence the baby's health, and it places a woman at significant risk of developing postpartum depression. Many women are unwilling to take medication during their pregnancy and are often interested in other forms of treatment. The review found only one trial involving 61 US women evaluating maternal massage and depression-specific acupuncture (the insertion of needles into the tissue for remedial purposes) for the treatment of antenatal depression. This trial provided insufficient evidence to determine if these therapies are effective treatment for antenatal depression. Further research is needed.

Record #40 of 97 **TI: Acupuncture for children with cerebral palsy**
ID: CD007127AU: Zhang CC: HM-MOVEMENT
YR: 2008 US: <http://www.mrw.interscience.wiley>.
SO: Zhang Mingming, He Jin, Li Jing, Ai Chang Lin. Acupuncture for children with

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Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #41 of 97
ID: CD007968AU: Wong
YR: 2009
SO: Wong Virginia, Cheuk Daniel KL, Chu Vanessa. Acupuncture for hypoxic ischemic

- TI: Acupuncture for hypoxic ischemic encephalopathy**
- Zuordnung RH**
- eindeutig pos
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Extrakte

MAIN RESULTS:

Record #42 of 97
ID: CD006042AU:
YR: 2006
SO: Manheimer Eric, Eaton Kathleen, Lao Lixing, White Adrian R, Morozova Olga.

- TI: Acupuncture for the treatment of post-operative**
- Zuordnung RH**
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MAIN RESULTS:

Record #43 of 97
ID: CD004923AU: Rada
YR: 2010
SO: Rada Gabriel, Capurro Daniel, Pantoja Tomas, Corbalán Javiera, Moreno Gladys,

- TI: Non-hormonal interventions for hot flushes in**
- Zuordnung RH**
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 - ungenügende qualität
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Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Clonidine, SSRIs and SNRIs, gabapentin and relaxation therapy showed a mild to moderate effect on reducing hot flushes in women with a history of breast cancer. **NON-HORMONAL INTERVENTIONS FOR REDUCING HOT FLUSHES IN WOMEN WITH A HISTORY OF BREAST CANCER:** Breast cancer is one of the most frequent cancers worldwide and its treatment can produce disturbing symptoms including hot flushes, the sudden feeling of heat in the face, neck and chest. Hormonal treatments are used to control such symptoms in postmenopausal women but for women with a history of breast cancer these are not recommended as they can induce cancer growth. The aim of this review is to evaluate the efficacy of non-hormonal interventions in treating hot flushes in such women. We found 10 randomised controlled studies assessing pharmacological therapies and six assessing non-pharmacological treatments (complementary or alternative therapies). The 10 studies on pharmacological therapies included two on clonidine (an antihypertensive that stimulates a norepinephrine receptor implicated in the initiation of flushes), one on gabapentin (an anticonvulsant that diminishes hot flushes through an unknown mechanism), six on selective serotonin or serotonin-norepinephrine reuptake inhibitors (antidepressants that increase the levels of serotonin and norepinephrine, both implicated in the generation of hot flushes) particularly venlafaxine, paroxetine, sertraline and fluoxetine, and one on vitamin E (mechanism unknown). Clonidine, antidepressants and gabapentin reduced the number and severity of hot flushes. Vitamin E did not reduce the number or severity of hot flushes. Of the six studies evaluating non-pharmacological therapies, two were on homeopathy (one evaluated a single homeopathic remedy in a group and the Hyland's menopause formula in a second group; and the other study evaluated homeopathic medicines in tablet, granule or liquid form, prepared by a single pharmacy), two on relaxation therapy (occupational therapist-guided relaxation consisting in stress management, written information about stress, deep breathing techniques, muscle relaxation and guided imagery), one on acupuncture (eight treatment sessions, 19 acupuncture points) and one on magnetic therapy (magnetic devices attached to participants' skin, placed over acupuncture or acupressure sites). In the studies on non-pharmacological therapies, relaxation therapy was the only one that probably reduced the frequency and severity of hot flushes. Homeopathy, acupuncture and magnetic therapy may not lead to any differences in the number and severity of hot flushes. One limitation of our review is that it is not possible to say if some treatments are better than others. Another limitation is that adverse effects were not clearly reported in all studies.

acupuncture and magnetic therapy may not lead to any differences in the number and severity of hot flushes

MAIN RESULTS: Sixteen RCTs met our inclusion criteria. We included six studies on selective serotonin (SSRI) and serotonin-norepinephrine (SNRI) reuptake inhibitors, two on clonidine, one on gabapentin, two each on relaxation therapy and homeopathy, and one each on vitamin E, magnetic devices and acupuncture. The risk of bias of most studies was rated as low or moderate. Data on continuous outcomes were presented inconsistently among studies, which precluded the possibility of pooling the results. Three pharmacological treatments (SSRIs and SNRIs, clonidine and gabapentin) reduced the number and severity of hot flushes. One study assessing vitamin E did not show any beneficial effect. One of two studies on relaxation therapy showed a significant benefit. None of the other non-pharmacological therapies had a significant benefit. Side-effects were inconsistently reported.

Record #44 of 97
ID: CD003281AU: Lee
YR: 2009
SO: Lee Anna, Fan Lawrence TY. Stimulation of the wrist acupuncture point P6 for

- TI: Stimulation of the wrist acupuncture point P6 for**
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Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: P6 acupoint stimulation prevented PONV. There was no reliable evidence for differences in risks of postoperative nausea or vomiting after P6 acupoint stimulation compared to antiemetic drugs. **P6 ACUPOINT STIMULATION PREVENTS POSTOPERATIVE NAUSEA AND VOMITING WITH FEW SIDE EFFECTS:** Postoperative nausea and vomiting (PONV) are two of the most common complications after anaesthesia and surgery. Drugs are only partially effective in preventing PONV and may cause adverse effects. Alternative methods, such as stimulating an acupuncture point on the wrist (P6 acupoint stimulation), have been studied in many trials. The use of P6 acupoint stimulation can reduce the risk of nausea and vomiting after surgery, with minimal side effects. The risks of postoperative nausea and vomiting were similar after P6 acupoint stimulation and antiemetic drugs.

P6 ACUPOINT STIMULATION PREVENTS POSTOPERATIVE NAUSEA AND VOMITING WITH FEW SIDE EFFECTS

MAIN RESULTS: We included 40 trials involving 4858 participants; four trials reported adequate allocation concealment. Twelve trials did not report all outcomes. Compared with sham treatment P6 acupoint stimulation significantly reduced: nausea (RR 0.71, 95% CI 0.61 to 0.83); vomiting (RR 0.70, 95% CI 0.59 to 0.83), and the need for rescue antiemetics (RR 0.69, 95% CI 0.57 to 0.83). Heterogeneity among trials was moderate. There was no clear difference in the effectiveness of P6 acupoint stimulation for adults and children; or for invasive and noninvasive acupoint stimulation. There was no evidence of difference between P6 acupoint stimulation and antiemetic drugs in the risk of nausea (RR 0.82, 95% CI 0.60 to 1.13), vomiting (RR 1.01, 95% CI 0.77 to 1.31), or the need for rescue antiemetics (RR 0.82, 95% CI 0.59 to 1.13). The side effects associated with P6 acupoint stimulation were minor. There was no evidence of publication bias from contour-enhanced funnel plots.

Record #45 of 97 **TI: Acupuncture for mumps in children**
ID: CD008400AU: He CC: HM-ARI
YR: 2010 US: <http://www.mrw.interscience.wiley>.
SO: He Jing, Zheng Min, Zhang Mingming, Jiang Hua. Acupuncture for mumps in

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Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #46 of 97 **TI: Acupuncture for (sub)acute non-specific low-back**
ID: CD009265AU: Furlan CC: HM-BACK
YR: 2011 US: <http://www.mrw.interscience.wiley>.
SO: Furlan Andrea D, Yazdi Fatemeh, Tsertsvadze Alexander, Lao Lixing, Sherman

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Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #47 of 97 **TI: Complementary and miscellaneous interventions**
ID: CD005230AU: Glazener KY: Child [checkword]; Humans [checkword];
YR: 2005 US: <http://www.mrw.interscience.wiley>.
SO: Glazener Cathryn MA, Evans Jonathan HC, Cheuk Daniel KL. Complementary and

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Extrakte

Acupuncture had better results than sham control acupuncture (RR for failure or relapse after stopping treatment 0.67, 95% CI 0.48 to 0.94) in a further trial

MAIN RESULTS:

MAIN RESULTS: In 15 randomised controlled trials, 1389 children were studied, of whom 703 received a complementary intervention. The quality of the trials was poor: four trials were quasi-randomised, five showed differences at baseline and ten lacked follow up data.The outcome was better after hypnosis than imipramine in one trial (relative risk (RR) for failure or relapse after stopping treatment 0.42, 95% confidence interval (CI) 0.23 to 0.78). Psychotherapy appeared to be better in terms of fewer children failing or relapsing than both alarm (RR 0.28, 95% CI 0.09 to 0.85) and rewards (0.29, 95% 0.09 to 0.90) but this depended on data from only one trial. Acupuncture had better results than sham control acupuncture (RR for failure or relapse after stopping treatment 0.67, 95% CI 0.48 to 0.94) in a further trial. Active chiropractic adjustment had better results than sham adjustment (RR for failure or relapse after stopping treatment 0.74, 95% CI 0.60 to 0.91). However, each of these findings came from small single trials, and need to be verified in further trials. The findings for diet and faradization were unreliable, and there were no trials including homeopathy or surgery.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There was weak evidence to support the use of hypnosis, psychotherapy, acupuncture and chiropractic but it was provided in each case by single small trials, some of dubious methodological rigour. Robust randomised trials are required with efficacy, cost-effectiveness and adverse effects carefully monitored. COMPLEMENTARY TREATMENTS FOR BEDWETTING IN CHILDREN: Night-time bedwetting is common in childhood, and can cause stigma, stress and inconvenience. Alarms offer the best chance of cure, and desmopressin may be used to reduce or stop wet nights during treatment. Simple behavioural methods such as rewards also help, especially as first line treatment. People often use complementary methods to treat their children, but the review of trials did not provide good evidence to support this. There was no reliable information comparing complementary methods with established effective methods such as alarms and desmopressin. Complementary treatments such as hypnosis, psychotherapy, acupuncture and chiropractic may help, but the evidence was weak. Further research is needed.

Record #48 of 97 **TI: Interventions for nausea and vomiting in early**
ID: CD007575AU: KY: Female [checkword]; Humans [checkword];
YR: 2010 US: <http://www.mrw.interscience.wiley>.
SO: Matthews Anne, Dowswell Therese, Haas David M, Doyle Mary, O'Mathúna Dónal

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Extrakte

Acupuncture (P6 or traditional) showed no significant benefit to women in pregnancy. The use of ginger products may be helpful to women, but the evidence of effectiveness was limited and not consistent.

MAIN RESULTS:

MAIN RESULTS: Twenty-seven trials, with 4041 women, met the inclusion criteria. These trials covered many interventions, including acupressure, acustimulation, acupuncture, ginger, vitamin B6 and several antiemetic drugs. We identified no studies of dietary or other lifestyle interventions. Evidence regarding the effectiveness of P6 acupressure, auricular (ear) acupressure and acustimulation of the P6 point was limited. Acupuncture (P6 or traditional) showed no significant benefit to women in pregnancy. The use of ginger products may be helpful to women, but the evidence of effectiveness was limited and not consistent. There was only limited evidence from trials to support the use of pharmacological agents including vitamin B6, and anti-eretic drugs to relieve mild or moderate nausea and vomiting. There was little information on maternal and fetal adverse outcomes and on psychological, social or economic outcomes. We were unable to pool findings from studies for most outcomes due to heterogeneity in study participants, interventions, comparison groups, and outcomes measured or reported. The methodological quality of the included studies was mixed.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Given the high prevalence of nausea and vomiting in early pregnancy, health professionals need to provide clear guidance to women, based on systematically reviewed evidence. There is a lack of high-quality evidence to support that advice. The difficulties in interpreting the results of the studies included in this review highlight the need for specific, consistent and clearly justified outcomes and approaches to measurement in research studies. INTERVENTIONS FOR NAUSEA AND VOMITING IN EARLY PREGNANCY: Nausea, retching or dry heaving, and vomiting in early pregnancy are very common and can be very distressing for women. Many treatments are available to women with morning sickness, including drugs and complementary and alternative therapies. This review aimed to examine if these treatments have been found to be effective and safe because of the concern that taking medications may adversely affect the development of the fetus.This review found a lack of high-quality evidence to back up any advice on which interventions to use. We examined 27 randomised controlled trials which included 4041 women in early pregnancy. These studies examined the effectiveness of many treatments including acupressure to the acupuncture point on the wrist (P6), acustimulation, acupuncture, ginger, vitamin B6 and several conventional drugs that are used to reduce nausea or vomiting. Some studies showed a benefit in improving nausea and vomiting symptoms for women, but generally effects were inconsistent and limited. Studies were carried out in a way that meant they were at high risk of bias, and therefore, it was difficult to draw firm conclusions. Most studies had different ways of measuring the symptoms of nausea and vomiting and therefore, we could not look at these findings together. Few studies reported maternal and fetal adverse outcomes and there was very little information on the effectiveness of treatments for improving women's quality of life.

Record #49 of 97 **TI: Manipulation or Mobilisation for Neck Pain**

ID: CD004249AU: Gross **KY:** Humans [checkword]; Acute Disease; Chronic

YR: 2010 **US:** http://www.mrw.interscience.wiley.

SO: Gross Anita, Miller Jordan, D'Sylva Jonathan, Burnie Stephen J, Goldsmith Charles

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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Cervical manipulation and mobilisation produced similar changes. Either may provide immediate- or short-term change; no long-term data are available. Thoracic manipulation may improve pain and function. Optimal techniques and dose are unresolved. Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate. MANIPULATION AND MOBILISATION FOR MECHANICAL NECK DISORDERS: Neck pain is a common musculoskeletal complaint. It can cause varying levels of disability for the affected individual and is costly to society. Neck pain can be accompanied by pain radiating down the arms (radiculopathy) or headaches (cervicogenic headaches). Manipulation (adjustments to the spine) and mobilisation (movement imposed on joints and muscles) can be used alone or in combination with other physical therapies to treat neck pain.This updated review included 27 trials (1522 participants) that compared manipulation or mobilization against no treatment, sham (pretend) treatments, other treatments (such as medication, acupuncture, heat, electrotherapy, soft tissue massage), or each other. There is low quality evidence from three trials (130 participants) that neck manipulation can provide more pain relief for those with acute or chronic neck pain when compared to a control in the short-term following one to four treatment sessions. Low quality evidence from one small (25 participants) dosage trial suggests that nine or 12 sessions of manipulation are superior to three for pain relief at immediate post treatment follow-up and neck-related disability for chronic cervicogenic headache. There is moderate quality evidence from 2 trials (369 participants) that there is little to no difference between manipulation and mobilisation for pain relief, function and patient satisfaction for those with subacute or chronic neck pain (6 trials, 494 participants) and superior to TENS for chronic cervicogenic headache (1 trial, 65 participants).There is very low to low quality evidence from two trial (133 participants) that thoracic (mid-back) manipulation may provide some immediate reduction in neck pain when provided alone or as an adjunct to electrothermal therapy or individualized physiotherapy for people with acute neck pain or whiplash. When thoracic manipulation was added to cervical manipulation alone, there was very low quality evidence suggesting no added benefit for participants with neck pain of undefined duration.There is low quality evidence from two trials (71 participants) that a mobilisation is as effective as acupuncture for pain relief and improved function for subacute and chronic neck pain and neural dynamic techniques produce clinically important pain reduction for acute to chronic neck pain. Very low to low quality evidence from three trials (215 participants) suggests certain mobilisation techniques may be superior to others.Adverse (side) effects were reported in 8 of the 27 studies. Three out of those eight studies reported no side effects. Five studies reported minor and temporary side effects including headache, pain, stiffness, minor discomfort, and dizziness. Rare but serious adverse events, such as stoke or serious neurological deficits, were not reported in any of the trials.Limitations of this review include the high number of potential biases found in the studies, thus lowering our confidence in the results. The differences in participant and treatment characteristics across the studies infrequently allowed statistical combination of the results.Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change

Record #50 of 97 **TI: Non-pharmacological interventions for assisting**

ID: CD006447AU: Yip **KY:** Child [checkword]; Humans [checkword]; Cooperative

YR: 2009 **US:** http://www.mrw.interscience.wiley.

SO: Yip Peggy, Middleton Philippa, Cyna Allan M, Carlyle Alison V. Non-

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AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: This review shows that the presence of parents during induction of general anaesthesia does not reduce their child's anxiety. Promising non-pharmacological interventions such as parental acupuncture; clown doctors; hypnotherapy; low sensory stimulation; and hand-held video games needs to be investigated further. NON-PHARMACOLOGICAL INTERVENTIONS FOR ASSISTING THE INDUCTION OF ANAESTHESIA IN CHILDREN: The initial process of giving general anaesthesia (i.e. induction of anaesthesia) to children, can be distressing for them and also for their parents. Children can be given drugs to sedate them when anaesthesia is being induced, but these drugs can have unwanted harmful effects, such as possible airway obstruction and behaviour changes after the operation. Some non-drug alternatives have been tested to see if they could be used instead of sedative drugs when anaesthesia is being induced in children. The presence of parents at induction of the child's anaesthesia, has been the most commonly investigated (eight trials), but has not been shown to reduce anxiety or distress in children, or increase their co-operation during induction of anaesthesia. An intervention can be given to a child or to a parent. One study of acupuncture for parents found that the parent was less anxious, and the child was more co-operative, at induction of anaesthesia. Another study of giving parents information, in the form of pamphlets or videos, failed to show an effect. In single studies, clown doctors, a quiet environment, video games and computer packages (but not music therapy) each showed benefits such as improved co-operation in children. These promising interventions need to be tested in additional trials.

Extrakte

One study of acupuncture for parents found that the parent was less anxious, and the child was more co-operative, at induction of anaesthesia....These promising interventions need to be tested in additional trials.

MAIN RESULTS:

MAIN RESULTS: We included 17 trials, all from developed countries, involving 1796 children, their parents or both. Eight trials assessed parental presence. None showed significant differences in anxiety or co-operation of children during induction, except for one where parental presence was significantly less effective than midazolam in reducing children's anxiety at induction. Six trials assessed interventions for children. Preparation with a computer package improved co-operation compared with parental presence (one trial). Children playing hand-held video games before induction were significantly less anxious than controls or premedicated children (one trial). Compared with controls, clown doctors reduced anxiety in children (modified Yale Preoperative Anxiety Scale (mYPAS): mean difference (MD) 30.75 95% CI 15.14 to 46.36; one trial). In children undergoing hypnosis, there was a nonsignificant trend towards reduced anxiety during induction (mYPAS < 24: risk ratio (RR) 0.59 95% CI 0.33 to 1.04 - 39% versus 68%: one trial) compared with midazolam. A low sensory environment improved children's co-operation at induction (RR 0.66, 95% CI 0.45 to 0.95; one trial) and no effect on children's anxiety was found for music therapy (one trial).Parental interventions were assessed in three trials. Children of parents having acupuncture compared with parental sham-acupuncture were less anxious during induction (mYPAS MD 17, 95% CI 3.49 to 30.51) and more children were co-operative (RR 0.63, 95% CI 0.4 to 0.99). Parental anxiety was also significantly reduced in this trial. In two trials, a video viewed preoperatively did not show effects on child or parental outcomes.

Record #52 of 97 **TI: Treatments for breast engorgement during**

ID: CD006946AU: Mangesi **KY:** Female [checkword]; Humans [checkword];

YR: 2010 **US:** http://www.mrw.interscience.wiley.

SO: Mangesi Lindeka, Dowswell Therese. Treatments for breast engorgement during

Zuordnung RH

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- nicht freigegeben

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Although some interventions may be promising, there is not sufficient evidence from trials on any intervention to justify widespread implementation. More research is needed on treatments for this painful and distressing condition. TREATMENT FOR BREAST ENGORGEMENT IN BREASTFEEDING WOMEN: Breast engorgement is when the breasts overflow with milk and the breasts become swollen, hard and painful. Large numbers of women experience this, usually in the first few days after giving birth, although it can also occur later on. During a time when mothers are coping with the demands of a new baby it may be particularly distressing. Breast engorgement may mean that women fail to successfully start breastfeeding, cause them to give up breastfeeding, or serious illness can result, including breast infection. The aim of the review was to examine treatments used to relieve the symptoms of breast engorgement. We included eight randomised controlled trials involving 744 women. Studies examined a range of different treatments for breast engorgement including acupuncture, cabbage leaves applied to the breasts, cold gel packs, pharmacological treatments and ultrasound. For some interventions (ultrasound, cabbage leaves, and oxytocin) there was no strong evidence that interventions led to a more rapid resolution of symptoms, as in these studies women tended to have improvements in pain and other symptoms over time whether or not they received active treatment. There was evidence from one study that, compared with women receiving routine care, women receiving acupuncture had greater improvements in symptoms in the days following treatment, although there was no evidence of a difference between groups by six days, and the study was not large enough to be able to detect meaningful differences for other outcomes such as breast abscess. A study looking at cold packs suggested that the application of cold to the breasts does not cause any harm and may be associated with improvements in symptoms, although differences between the control and cold pack groups before treatment started meant that results were difficult to interpret. The overall conclusions of the review are that although some interventions may be promising, there is not sufficient evidence from well designed trials on any intervention to justify widespread uptake of that intervention. More research is needed on treatments for this painful and distressing condition.

Extrakte

Although some interventions may be promising, there is not sufficient evidence from trials on any intervention to justify widespread implementation. More research is needed on treatments for this painful and distressing condition.

MAIN RESULTS:

MAIN RESULTS: We included eight studies with 744 women. Trials examined a range of different treatments for breast engorgement: acupuncture (two studies), cabbage leaves (two studies), cold gel packs (one study), pharmacological treatments (two studies) and ultrasound (one study). For several interventions (ultrasound, cabbage leaves, and oxytocin) there was no statistically significant evidence that interventions were associated with a more rapid resolution of symptoms; in these studies women tended to have improvements in pain and other symptoms over time whether or not they received active treatment. There was evidence from one study that, compared with women receiving routine care, women receiving acupuncture had greater improvements in symptoms in the days following treatment, although there was no evidence of a difference between groups by six days, and the study was not large enough to be able to detect meaningful differences for other outcomes such as breast abscess. A study looking at cold packs suggested that the application of cold to the breasts does not cause any harm and may be associated with improvements in symptoms, although differences between control and intervention groups at baseline mean that results are difficult to interpret.

Record #53 of 97 **TI: Acupuncture for chronic fatigue syndrome**

ID: CD006010AU: Zhang **CC:** HM-DEPRESSN

YR: 2006 **US:** http://www.mrw.interscience.wiley.

SO: Zhang Wei, Liu Zhishun, Wu Taixiang, Peng Weina. Acupuncture for chronic fatigue

Zuordnung RH

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- neg
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AUTHORS' CONCLUSION

Extrakte

...low quality evidence for subacute and chronic neck pain indicated that 1) a combination of Maitland mobilisation techniques was similar to acupuncture for immediate pain relief and increased function...

MAIN RESULTS:

MAIN RESULTS: We included 27 trials (1522 participants).Cervical Manipulation for subacute/chronic neck pain : Moderate quality evidence suggested manipulation and mobilisation produced similar effects on pain, function and patient satisfaction at intermediate-term follow-up. Low quality evidence showed manipulation alone compared to a control may provide short- term relief following one to four sessions (SMD pooled -0.90 (95%CI: -1.78 to -0.02)) and that nine or 12 sessions were superior to three for pain and disability in cervicogenic headache. Optimal technique and dose need to be determined.Thoracic Manipulation for acute/chronic neck pain : Low quality evidence supported thoracic manipulation as an additional therapy for pain reduction (NNT 7; 46.6% treatment advantage) and increased function (NNT 5; 40.6% treatment advantage) in acute pain and favoured a single session of thoracic manipulation for immediate pain reduction compared to placebo for chronic neck pain (NNT 5, 29% treatment advantage).Mobilisation for subacute/chronic neck pain: In addition to the evidence noted above, low quality evidence for subacute and chronic neck pain indicated that 1) a combination of Maitland mobilisation techniques was similar to acupuncture for immediate pain relief and increased function; 2) there was no difference between mobilisation and acupuncture as additional treatments for immediate pain relief and improved function; and 3) neural dynamic mobilisations may produce clinically important reduction of pain immediately post-treatment. Certain mobilisation techniques were superior.

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Record #54 of 97 **TI: Acupuncture for postherpetic neuralgia**

ID: CD007793AU: Wang CC: HM-NEUROMUSC

YR: 2009 US: <http://www.mrw.interscience.wiley>.

SO: Wang Peng, Zhao Jiping, Wu Taixiang. Acupuncture for postherpetic neuralgia.

Zuordnung RH

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Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #55 of 97 **TI: Massage for low-back pain**

ID: CD001929AU: Furlan KY: Adult [checkword]; Humans [checkword]; Massage

YR: 2008 US: <http://www.mrw.interscience.wiley>.

SO: Furlan Andrea D, Imamura Marta, Dryden Trish, Irvin Emma. Massage for low-back

Zuordnung RH

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Extrakte

It seems that acupressure or pressure point massage techniques provide more relief than classic (Swedish) massage, although more research is needed to confirm this.

MAIN RESULTS:

MAIN RESULTS: Thirteen randomized trials were included. Eight had a high risk and five had a low risk of bias. One study was published in German and the rest in English. Massage was compared to an inert therapy (sham treatment) in two studies that showed that massage was superior for pain and function on both short and long-term follow-ups. In eight studies, massage was compared to other active treatments. They showed that massage was similar to exercises, and massage was superior to joint mobilization, relaxation therapy, physical therapy, acupuncture and self-care education. One study showed that reflexology on the feet had no effect on pain and functioning. The beneficial effects of massage in patients with chronic low-back pain lasted at least one year after the end of the treatment. Two studies compared two different techniques of massage. One concluded that acupuncture massage produces better results than classic (Swedish) massage and another concluded that Thai massage produces similar results to classic (Swedish) massage.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Massage might be beneficial for patients with subacute and chronic non-specific low-back pain, especially when combined with exercises and education. The evidence suggests that acupuncture massage is more effective than classic massage, but this need confirmation. More studies are needed to confirm these conclusions, to assess the impact of massage on return-to-work, and to determine cost-effectiveness of massage as an intervention for low-back pain. MESSAGE FOR LOW-BACK PAIN: Low-back pain (LBP) is one of the most common and costly musculoskeletal problems in modern society. Seventy to 85% of the population will experience LBP at some time in their lives. Proponents of massage therapy claim it can minimize pain and disability, and speed return to normal function. Massage in this review is defined as soft-tissue manipulation using hands or a mechanical device on any body part. Non-specific LBP indicates that no specific cause is detectable, such as infection, neoplasm, metastasis, osteoporosis, rheumatoid arthritis, fracture, inflammatory process or radicular syndrome (pain, tingling or numbness spreading down the leg.Thirteen randomized trials (1596 participants) assessing various types of massage therapy for low-back pain were included in this review. Eight had a high risk and five had a low risk of bias. Massage was more likely to work when combined with exercises (usually stretching) and education. The amount of benefit was more than that achieved by joint mobilization, relaxation, physical therapy, self-care education or acupuncture. It seems that acupressure or pressure point massage techniques provide more relief than classic (Swedish) massage, although more research is needed to confirm this. No serious adverse events were reported by any patient in the included studies. However, some patients reported soreness during or shortly after the treatment. Some patients also reported an allergic reaction (e.g. rash or pimples) to the massage oil. In summary, massage might be beneficial for patients with subacute (lasting four to 12 weeks) and chronic (lasting longer than 12 weeks) non-specific low-back pain, especially when combined with exercises and education.

Record #56 of 97 **TI: Non-pharmacological interventions for**

ID: CD005623AU: KY: Humans [checkword]; Acupuncture Therapy;

YR: 2008 US: <http://www.mrw.interscience.wiley>.

SO: Bausewein Claudia, Booth Sara, Gysels Marjolein, Higginson Irene J. Non-

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Extrakte

There is a low strength of evidence that acupuncture/acupressure is helpful and no evidence for the use of music.

MAIN RESULTS:

MAIN RESULTS: Forty-seven studies were included (2532 participants) and categorised as follows: single component interventions with subcategories of walking aids (n = 7), distractive auditory stimuli (music) (n = 6), chest wall vibration (CWV, n = 5), acupuncture/acupressure (n = 5), relaxation (n = 4), neuro-electrical muscle stimulation (NMES, n = 3) and fan (n = 2). Multi-component interventions were categorised in to counselling and support (n = 6), breathing training (n = 3), counselling and support with breathing-relaxation training (n = 2), case management (n = 2) and psychotherapy (n = 2).There was a high strength of evidence that NMES and CWV could relieve breathlessness and moderate strength for the use of walking aids and breathing training. There is a low strength of evidence that acupuncture/acupressure is helpful and no evidence for the use of music. There is not enough data to judge the evidence for relaxation, fan, counselling and support, counselling and support with breathing-relaxation training, case management and psychotherapy. Most studies have been conducted in COPD patients, only a few studies included participants with other conditions.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Breathing training, walking aids, NMES and CWV appear to be effective non-pharmacological interventions for relieving breathlessness in advanced stages of disease. NON-PHARMACOLOGICAL INTERVENTIONS FOR USE IN BREATHLESSNESS IN THE ADVANCED STAGES OF MALIGNANT AND NON-MALIGNANT DISEASES: Shortness of breath is a common and distressing symptom in incurable cancer and some other illnesses at the end of life. Overall shortness of breath towards the end of life is still difficult to treat. Appropriate treatment of this distressing symptom requires both drug and non-drug methods. We aimed to determine which non-drug methods relieve shortness of breath and which are the most effective. We found 47 studies that were first categorised in to two groups: methods with one clear described component and methods with a mixture of components. The two groups were then divided in to 12 subgroups. The following studies showed that these interventions can help to relieve shortness of breath: vibration of patient's chest wall, electrical stimulation of leg muscles, walking aids and breathing training. There are mixed results for the use of acupuncture/acupressure. Further interventions identified were counselling and support, either alone or in combination with relaxation-breathing training, music, relaxation, a hand-held fan directed at a patient's face, case management and psychotherapy. There are several non-drug methods available to relieve shortness of breath in incurable stages of cancer and other illnesses. There is currently not enough data to judge the evidence for these interventions. Most studies were conducted in participants with chronic lung disease. Only a few studies included participants with heart failure, cancer or neurological disease.

Record #57 of 97 **TI: Acupuncture for autistic spectrum disorder**

ID: CD007849AU: Cheuk CC: HM-BEHAV

YR: 2009 US: <http://www.mrw.interscience.wiley>.

SO: Cheuk Daniel KL, Wong Virginia, Chen Wen Xiong. Acupuncture for autistic

Zuordnung RH

- eindeutig pos
- eher pos
- neutral
- ungenügende qualität
- ungenügende datenmenge
- neg
- nicht freigegeben

Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #58 of 97	TI: Acupuncture for Gilles de la Tourette's syndrome	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD007832AU: Cui	CC: HM-MOVEMENT	<input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input checked="" type="radio"/> nicht freigegeben		
YR: 2009	US: http://www.mrw.interscience.wiley .			
SO: Cui Ye, Liu Zhishun, Zhang Wei. Acupuncture for Gilles de la Tourette's syndrome.				
AUTHORS' CONCLUSION				

Record #59 of 97	TI: Acupuncture for multiple sclerosis	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD008210AU: Cui	CC: HM-MS	<input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input checked="" type="radio"/> nicht freigegeben		
YR: 2010	US: http://www.mrw.interscience.wiley .			
SO: Cui Ye, Zhishun Liu, Marchese Monica, Lee Myeong Soo, Wang Jifeng, Niu				
AUTHORS' CONCLUSION				

Record #60 of 97	TI: Acupuncture for neuropathic pain in adults	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD008988AU: Wang	CC: HM-SYMPT	<input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input checked="" type="radio"/> nicht freigegeben		
YR: 2011	US: http://www.mrw.interscience.wiley .			
SO: Wang Ellen, Saxena Manoj. Acupuncture for neuropathic pain in adults. Cochrane				
AUTHORS' CONCLUSION				

Record #61 of 97	TI: Cephalic version by moxibustion for breech	Zuordnung RH	Extrakte	MAIN RESULTS:
ID: CD003928AU: Coyle	KY: Female [keyword]; Humans [keyword];	<input type="radio"/> eindeutig pos <input checked="" type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input type="radio"/> nicht freigegeben	Limited evidence suggests that moxibustion may be useful for turning babies from breech presentation (bottom first) to cephalic presentation (head first) for labour.	MAIN RESULTS: Three trials involving a total of 597 women were included. Due to differences in interventions and sample size it was not appropriate to perform a meta-analysis for the main outcome. Only one trial reported on other outcome measures relevant to this review. Moxibustion reduced the need for ECV (relative risk (RR) 0.47, 95% confidence interval (CI) 0.33 to 0.66) and resulted in decreased use of oxytocin before or during labour for women who had vaginal deliveries (RR 0.28, 95% CI 0.13 to 0.60).
YR: 2005	US: http://www.mrw.interscience.wiley .			
SO: Coyle Meaghan E, Smith Caroline A, Peat Brian. Cephalic version by moxibustion				
AUTHORS' CONCLUSION				
AUTHORS' CONCLUSIONS: There is insufficient evidence to support the use of moxibustion to correct a breech presentation. Moxibustion may be beneficial in reducing the need for ECV, and decreasing the use of ocytocin, however there is a need for well-designed randomised controlled trials to evaluate moxibustion for breech presentation which report on clinically relevant outcomes as well as the safety of the intervention. CEPHALIC VERSION BY MOXIBUSTION FOR BREECH PRESENTATION: Limited evidence suggests that moxibustion may be useful for turning babies from breech presentation (bottom first) to cephalic presentation (head first) for labour. Breech presentation of babies is common in the mid trimester of pregnancy, and while many babies will turn themselves before the onset of labour, some do not. A baby coming bottom first can have more difficulty being born, and a caesarean section is often suggested. Moxibustion, a type of Chinese medicine which involves burning a herb close to the skin, may be helpful in turning a breech baby when applied to the little toe. The review found that moxibustion may help to correct breech presentation, but studies were small. More evidence is needed concerning the benefits and safety of moxibustion.				

Record #62 of 97 **TI: Chinese herbal medicine for primary**
ID: CD005288AU: Zhu **KY:** Adult [checkword]; Female [checkword]; Humans
YR: 2008 **US:** <http://www.mrw.interscience.wiley>.
SO: Zhu Xiaoshu, Proctor Michelle, Bensoussan Alan, Wu Emily, Smith Caroline A.

- Zuordnung RH**
- eindeutig pos
 - eher pos
 - neutral
 - ungenügende qualität
 - ungenügende datenmenge
 - neg
 - nicht freigegeben

Extrakte

The review found promising evidence supporting the use of Chinese herbal medicine for primary dysmenorrhoea; however, results are limited by the poor methodological quality of the included trials. CHINESE HERBAL MEDICINE MAY HELP REDUCE MENSTRUAL PAIN.

MAIN RESULTS:

MAIN RESULTS: Thirty-nine randomised controlled trials involving a total of 3475 women were included in the review. A number of the trials were of small sample size and poor methodological quality. Results for Chinese herbal medicine compared to placebo were unclear as data could not be combined (3 RCTs). Chinese herbal medicine resulted in significant improvements in pain relief (14 RCTs; RR 1.99, 95% CI 1.52 to 2.60), overall symptoms (6 RCTs; RR 2.17, 95% CI 1.73 to 2.73) and use of additional medication (2 RCTs; RR 1.58, 95% CI 1.30 to 1.93) when compared to use of pharmaceutical drugs. Self-designed Chinese herbal formulae resulted in significant improvements in pain relief (18 RCTs; RR 2.06, 95% CI 1.80 to 2.36), overall symptoms (14 RCTs; RR 1.99, 95% CI 1.65 to 2.40) and use of additional medication (5 RCTs; RR 1.58, 95% CI 1.34 to 1.87) after up to three months of follow-up when compared to commonly used Chinese herbal health products. Chinese herbal medicine also resulted in better pain relief than acupuncture (2 RCTs; RR 1.75, 95% CI 1.09 to 2.82) and heat compression (1 RCT; RR 2.08, 95% CI 2.06 to 499.18).

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The review found promising evidence supporting the use of Chinese herbal medicine for primary dysmenorrhoea; however, results are limited by the poor methodological quality of the included trials. CHINESE HERBAL MEDICINE MAY HELP REDUCE MENSTRUAL PAIN.: Dysmenorrhoea is a very common complaint that refers to painful menstrual cramps in abdomen. Primary dysmenorrhoea refers to pain of an unknown cause (i.e. no medical condition is identified). Nonsteroidal anti-inflammatory drugs or the contraceptive pill have been used successfully for treatment but more women are looking for non-drug therapies. Chinese herbal medicine has been used for centuries in China and it is currently used in public hospitals in China for the treatment of primary dysmenorrhoea. The review found promising evidence for the use of Chinese herbal medicine in reducing menstrual pain in the treatment of primary dysmenorrhoea, compared to conventional medicine such as NSAIDs and the oral contraceptive pill, acupuncture and heat compression. No significant adverse effects were identified in this review. However the findings should be interpreted with caution due to the generally low methodological quality of the included studies.

Record #65 of 97 **TI: Acupuncture for angina pectoris**
ID: CD009056AU: Kim Tae- **CC:** HM-VASC
YR: 2011 **US:** <http://www.mrw.interscience.wiley>.
SO: Kim Tae-Hun, Lee Myeong Soo, Kim Kun Hyung, Kang Jung Won, Choi Tae-

- Zuordnung RH**
- eindeutig pos
 - eher pos
 - neutral
 - ungenügende qualität
 - ungenügende datenmenge
 - neg
 - nicht freigegeben

Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #66 of 97 **TI: Acupuncture for chronic constipation**
ID: CD004117AU: Zhao **CC:** HM-IBD
YR: 2003 **US:** <http://www.mrw.interscience.wiley>.
SO: Zhao Hong, Liu Jian Ping, Liu Zhishun, Peng Weina. Acupuncture for chronic

- Zuordnung RH**
- eindeutig pos
 - eher pos
 - neutral
 - ungenügende qualität
 - ungenügende datenmenge
 - neg
 - nicht freigegeben

Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #67 of 97 **TI: Acupuncture for chronic hepatitis B virus infection**
ID: CD005163AU: Liu Jian **CC:** HM-LIVER
YR: 2005 **US:** <http://www.mrw.interscience.wiley>.
SO: Liu Jian Ping, Wang Jian. Acupuncture for chronic hepatitis B virus infection.

- Zuordnung RH**
- eindeutig pos
 - eher pos
 - neutral
 - ungenügende qualität
 - ungenügende datenmenge
 - neg
 - nicht freigegeben

Extrakte

MAIN RESULTS:

AUTHORS' CONCLUSION

Record #68 of 97	TI: Acupuncture for functional dyspepsia	Zuordnung RH <input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input checked="" type="radio"/> nicht freigegeben	Extrakte	MAIN RESULTS:
ID: CD008487AU: Lan	CC: HM-UPPERGI			
YR: 2010	US: http://www.mrw.interscience.wiley .			
SO: Lan Lei, Zeng Fang, Liu Guang J, Ying Li, Wu Xi, Liu Lan M. Acupuncture for				
AUTHORS' CONCLUSION				
Record #69 of 97	TI: Acupuncture for Guillain-Barré syndrome	Zuordnung RH <input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input checked="" type="radio"/> nicht freigegeben	Extrakte	MAIN RESULTS:
ID: CD007797AU: Deng	CC: HM-NEUROMUSC			
YR: 2009	US: http://www.mrw.interscience.wiley .			
SO: Deng Yanhua, Ma Xiaojing, Peng Weina, Sanvito Lara. Acupuncture for Guillain-				
AUTHORS' CONCLUSION				
Record #70 of 97	TI: Acupuncture for hypertension	Zuordnung RH <input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input checked="" type="radio"/> nicht freigegeben	Extrakte	MAIN RESULTS:
ID: CD008821AU: Yang	CC: HM-HTN			
YR: 2010	US: http://www.mrw.interscience.wiley .			
SO: Yang Jie, Feng Yue, Ying Li, Liu Guan J, Chen Jiao, Ren Yu-lan, Liang Fan-rong.				
AUTHORS' CONCLUSION				
Record #71 of 97	TI: Acupuncture for menopausal hot flushes	Zuordnung RH <input type="radio"/> eindeutig pos <input type="radio"/> eher pos <input type="radio"/> neutral <input type="radio"/> ungenügende qualität <input type="radio"/> ungenügende datenmenge <input type="radio"/> neg <input checked="" type="radio"/> nicht freigegeben	Extrakte	MAIN RESULTS:
ID: CD007410AU: Dodin	CC: HM-MENSTR			
YR: 2008	US: http://www.mrw.interscience.wiley .			
SO: Dodin Sylvie, Asselin Genevieve, Blanchet Claudine, Thiebaut Carole, Gravel				
AUTHORS' CONCLUSION				

<p>Record #72 of 97</p> <p>TI: Acupuncture for myopia in children and</p> <p>ID: CD007842AU: Wei CC: HM-EYES</p> <p>YR: 2009 US: http://www.mrw.interscience.wiley.</p> <p>SO: Wei Maoling, Liu Jian Ping, Li Ni, Liu Ming. Acupuncture for myopia in children and</p> <p>AUTHORS' CONCLUSION</p>	<p>Zuordnung RH</p> <p><input type="radio"/> eindeutig pos</p> <p><input type="radio"/> eher pos</p> <p><input type="radio"/> neutral</p> <p><input type="radio"/> ungenügende qualität</p> <p><input type="radio"/> ungenügende datenmenge</p> <p><input type="radio"/> neg</p> <p><input checked="" type="radio"/> nicht freigegeben</p>	<p>Extrakte</p>	<p>MAIN RESULTS:</p>
<p>Record #73 of 97</p> <p>TI: Acupuncture for overweight or obese people</p> <p>ID: CD008612AU: Li JieAU: CC: HM-ENDOC</p> <p>YR: 2010 US: http://www.mrw.interscience.wiley.</p> <p>SO: Li Jie, Lu Ying, Shi Yu Mei, Lenon George, Shi Yin. Acupunctre for overweight or</p> <p>AUTHORS' CONCLUSION</p>	<p>Zuordnung RH</p> <p><input type="radio"/> eindeutig pos</p> <p><input type="radio"/> eher pos</p> <p><input type="radio"/> neutral</p> <p><input type="radio"/> ungenügende qualität</p> <p><input type="radio"/> ungenügende datenmenge</p> <p><input type="radio"/> neg</p> <p><input checked="" type="radio"/> nicht freigegeben</p>	<p>Extrakte</p>	<p>MAIN RESULTS:</p>
<p>Record #74 of 97</p> <p>TI: Acupuncture for pain in endometriosis</p> <p>ID: CD007864AU: Zhu CC: HM-MENSTR</p> <p>YR: 2009 US: http://www.mrw.interscience.wiley.</p> <p>SO: Zhu Xiaoshu, Hamilton Kindreth D, McNicol Ewan D. Acupuncture for pain in</p> <p>AUTHORS' CONCLUSION</p>	<p>Zuordnung RH</p> <p><input type="radio"/> eindeutig pos</p> <p><input type="radio"/> eher pos</p> <p><input type="radio"/> neutral</p> <p><input type="radio"/> ungenügende qualität</p> <p><input type="radio"/> ungenügende datenmenge</p> <p><input type="radio"/> neg</p> <p><input checked="" type="radio"/> nicht freigegeben</p>	<p>Extrakte</p>	<p>MAIN RESULTS:</p>
<p>Record #75 of 97</p> <p>TI: Acupuncture for post-stroke upper limb pain</p> <p>ID: CD009087AU: Liang Cui CC: HM-STROKE</p> <p>YR: 2011 US: http://www.mrw.interscience.wiley.</p> <p>SO: Liang Cui Mei, Peng Weina, Ma Xiao Jing. Acupuncture for post-stroke upper limb</p> <p>AUTHORS' CONCLUSION</p>	<p>Zuordnung RH</p> <p><input type="radio"/> eindeutig pos</p> <p><input type="radio"/> eher pos</p> <p><input type="radio"/> neutral</p> <p><input type="radio"/> ungenügende qualität</p> <p><input type="radio"/> ungenügende datenmenge</p> <p><input type="radio"/> neg</p> <p><input checked="" type="radio"/> nicht freigegeben</p>	<p>Extrakte</p>	<p>MAIN RESULTS:</p>

<p>Record #76 of 97</p> <p>ID: CD006280AU: Zhao</p> <p>YR: 2006</p> <p>SO: Zhao Ting, Zhang Ruifeng, Zhao Hong. Acupuncture for symptomatic treatment of</p>	<p>TI: Acupuncture for symptomatic treatment of diabetic</p> <p>CC: HM-NEUROMUSC</p>	<p>Zuordnung RH</p> <p><input type="radio"/> eindeutig pos</p> <p><input type="radio"/> eher pos</p> <p><input type="radio"/> neutral</p> <p><input type="radio"/> ungenügende qualität</p> <p><input type="radio"/> ungenügende datenmenge</p> <p><input type="radio"/> neg</p> <p><input checked="" type="radio"/> nicht freigegeben</p>	<p>Extrakte</p>	<p>MAIN RESULTS:</p>
<p>Record #77 of 97</p> <p>ID: CD008149AU: Li</p> <p>YR: 2009</p> <p>SO: Li Yang, Zeng Rui Feng, Zheng Decai. Acupuncture for tinnitus. Cochrane</p>	<p>TI: Acupuncture for tinnitus</p> <p>CC: HM-ENT</p>	<p>Zuordnung RH</p> <p><input type="radio"/> eindeutig pos</p> <p><input type="radio"/> eher pos</p> <p><input type="radio"/> neutral</p> <p><input type="radio"/> ungenügende qualität</p> <p><input type="radio"/> ungenügende datenmenge</p> <p><input type="radio"/> neg</p> <p><input checked="" type="radio"/> nicht freigegeben</p>	<p>Extrakte</p>	<p>MAIN RESULTS:</p>
<p>Record #78 of 97</p> <p>ID: CD009065AU: Kim Tae-</p> <p>YR: 2011</p> <p>SO: Kim Tae-Hun, Lee Myeong Soo, Kim Kun Hyung, Kang Jung Won, Choi Tae-</p>	<p>TI: Acupuncture for treating acute ankle sprains in</p> <p>CC: HM-MUSKINJ</p>	<p>Zuordnung RH</p> <p><input type="radio"/> eindeutig pos</p> <p><input type="radio"/> eher pos</p> <p><input type="radio"/> neutral</p> <p><input type="radio"/> ungenügende qualität</p> <p><input type="radio"/> ungenügende datenmenge</p> <p><input type="radio"/> neg</p> <p><input checked="" type="radio"/> nicht freigegeben</p>	<p>Extrakte</p>	<p>MAIN RESULTS:</p>
<p>Record #79 of 97</p> <p>ID: CD008043AU: Lui</p> <p>YR: 2009</p> <p>SO: Lui Steve, Li Chunbo, Xia Jun, Terplan Mishka. Auricular acupuncture for opiate</p>	<p>TI: Auricular acupuncture for opiate dependence in</p> <p>CC: HM-ADDICTN</p>	<p>Zuordnung RH</p> <p><input type="radio"/> eindeutig pos</p> <p><input type="radio"/> eher pos</p> <p><input type="radio"/> neutral</p> <p><input type="radio"/> ungenügende qualität</p> <p><input type="radio"/> ungenügende datenmenge</p> <p><input type="radio"/> neg</p> <p><input checked="" type="radio"/> nicht freigegeben</p>	<p>Extrakte</p>	<p>MAIN RESULTS:</p>

Record #80 of 97

TI: Botulinum toxin injections for low-back pain and

ID: CD008257AU: Waseem KY: Adult [checkword]; Humans [checkword]; Botulinum

YR: 2011 US: http://www.mrw.interscience.wiley.

SO: Waseem Zeeshan, Boulias Chris, Gordon Allan, Ismail Farooq, Sheean Geoffrey,

Zuordnung RH

- eindeutig pos
- eher pos
- neutral
- ungenügendequalität
- ungenügende datenmenge
- neg
- nicht freigegeben

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: We identified three studies that investigated the merits of BoNT for LBP, but only one had a low risk of bias and evaluated patients with non-specific LBP (N = 31). Further research is very likely to have an important impact on the estimate of effect and our confidence in it. Future trials should standardize patient populations, treatment protocols and comparison groups, enlist more participants and include long-term outcomes, cost-benefit analysis and clinical relevance of findings.
BOTULINUM TOXIN INJECTIONS AS A TREATMENT FOR LOW-BACK PAIN AND SCIATICA: Back pain is a common symptom affecting roughly 50% of the population every year. For the majority of people, back pain goes away gradually - usually within several weeks.However, many people will experience another bout of back pain in the future. About 5% to 10% of the population will develop back pain that never goes away. As a result, there is a need for treatments that can provide safe and predictable pain relief.Botulinum toxin injections - i.e., one or more injections of a drug to temporarily numb or weaken nerves and muscles that might contribute to low-back pain - are an increasingly popular treatment. Some of the commercial names of botulinum toxin include Botox, Lantox, Myobloc and Neurobloc.Government regulatory agencies, such as the Food and Drug Administration (FDA) in the United States or Health Canada in Canada, have never approved the use of botulinum toxin for low-back pain. So the safety and effectiveness of these injections are still open to question. Rare reports of potentially life-threatening side effects have prompted Health Canada and the FDA to require warnings on BoNT products.This review looked at botulinum toxin injections for patients with non-specific low-back pain - i.e., back pain without an obvious underlying cause, with or without sciatica - i.e., pain that shoots down the back into the buttocks, leg and often into the foot. It included three randomised controlled clinical trials involving 123 individuals with long-term back pain, sciatica or both.Because of the way these trials were designed and carried out, the review concluded that the evidence in favour of botulinum toxin injections is only of low or very low quality. This means that at best, further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Record #82 of 97

TI: Non-surgical treatment (other than steroid

ID: CD003219AU: O'Connor KY: Humans [checkword]; Administration, Oral; Carpal

YR: 2003 US: http://www.mrw.interscience.wiley.

SO: O'Connor Denise, Marshall Shawn C, Massy-Westropp Nicola. Non-surgical

Zuordnung RH

- eindeutig pos
- eher pos
- neutral
- ungenügendequalität
- ungenügende datenmenge
- neg
- nicht freigegeben

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Current evidence shows significant short-term benefit from oral steroids, splinting, ultrasound, yoga and carpal bone mobilisation. Other non-surgical treatments do not produce significant benefit. More trials are needed to compare treatments and ascertain the duration of benefit.
ORAL STEROIDS, SPLINTING, ULTRASOUND, YOGA AND WRIST MOBILISATION PROVIDE SHORT-TERM RELIEF FROM CARPAL TUNNEL SYNDROME, BUT OTHER NON-SURGICAL METHODS HAVE NOT BEEN SHOWN TO HELP.: Carpal tunnel syndrome is caused by compression of the median nerve at the wrist, leading to mild to severe pain and pins and needles in the hand. Other Cochrane reviews show benefit from nerve decompression surgery and steroids. This review of other non-surgical treatments found some evidence of short-term benefit from oral steroids, splinting/hand braces, ultrasound, yoga and carpal bone mobilisation (movement of the bones and tissues in the wrist), and insulin and steroid injections for people who also had diabetes. Evidence on ergonomic keyboards and vitamin B6 is unclear, while trials so far have not shown benefit from diuretics, non-steroidal anti-inflammatory drugs, magnets, laser acupuncture, exercise or chiropractic.

Record #85 of 97

TI: Transcutaneous electrical nerve stimulation

ID: CD004377AU: Brosseau KY: Humans [checkword]; Hand; Transcutaneous Electric

YR: 2003 US: http://www.mrw.interscience.wiley.

SO: Brosseau Lucie, Yonge KA, Welch Vivian, Marchand S, Judd Maria, Wells George

Zuordnung RH

- eindeutig pos
- eher pos
- neutral
- ungenügendequalität
- ungenügende datenmenge
- neg
- nicht freigegeben

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There are conflicting effects of TENS on pain outcomes in patients with RA. AL-TENS is beneficial for reducing pain intensity and improving muscle power scores over placebo while, conversely, C-TENS resulted in no clinical benefit on pain intensity compared with placebo. However C-TENS resulted in a clinical benefit on patient assessment of change in disease over AL-TENS. More well designed studies with a standardized protocol and adequate number of subjects are needed to fully conclude the effect of C-TENS and AL-TENS in the treatment of RA of the hand.
TRANSELECTRICAL NERVE STIMULATION (TENS) HELPS DECREASE HAND PAIN IN PEOPLE WITH RHEUMATOID ARTHRITIS: There are three main therapeutic methods of administrating TENS. Conventional TENS (C-TENS) is given at a high stimulation frequency with low intensity. While pain relief is almost immediate, it generally dissipates as soon as the TENS is turned off. A second method is acupuncture-like TENS (AL-TENS). This is given at a low frequency and high intensity, close to the person's limit of tolerance. Many people find this method uncomfortable. The third TENS application method is burst TENS, which is high frequency burst impulses at low-intensity. Results from this Cochrane review indicate that AL-TENS helps decrease pain and joint tenderness compared to a placebo. No benefit was found on grip pain. More people who received conventional TENS reported a decrease in their disease activity than those who received acupuncture-like TENS.

Record #86 of 97

TI: Treatment of urinary incontinence after stroke in

ID: CD004462AU: Thomas KY: Adult [checkword]; Female [checkword]; Humans

YR: 2008 US: http://www.mrw.interscience.wiley.

SO: Thomas Lois H, Cross Stephen, Barrett James, French Beverley, Leathley Michael,

Zuordnung RH

- eindeutig pos
- eher pos
- neutral
- ungenügendequalität
- ungenügende datenmenge
- neg
- nicht freigegeben

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: Data from the available trials are insufficient to guide continence care of adults after stroke. However, there was suggestive evidence that professional input through structured assessment and management of care and specialist continence nursing may reduce urinary incontinence and related symptoms after stroke. Better quality evidence is required of the range of interventions that have been suggested for continence care after stroke.
TREATMENT OF URINARY INCONTINENCE AFTER STROKE IN ADULTS: Urinary incontinence is a common consequence of stroke and has many causes. In early stroke rehabilitation, structured assessment and management of care shows promise in reducing the number of people with urinary incontinence. In the later phases of stroke recovery the use of specialist advisors may be helpful in reducing symptoms associated with urinary incontinence. Even late after stroke, interventions targeted at specific causes of incontinence may be helpful. Unfortunately, all the conclusions were limited by a lack of robust information.

Extrakte

Evidence on ergonomic keyboards and vitamin B6 is unclear, while trials so far have not shown benefit from diuretics, non-steroidal anti-inflammatory drugs, magnets, laser acupuncture, exercise or chiropractic.

MAIN RESULTS:

MAIN RESULTS: We excluded evidence from nineteen studies due to non-randomisation, incomplete or unpublished data. We included three randomised trials (N =123 patients). Only one study included patients with chronic non-specific LBP; the other two examined unique subpopulations. Only one of the three trials had a low risk of bias and demonstrated that BoNT injections reduced pain at three and eight weeks and improved function at eight weeks better than saline injections. The second trial showed that BoNT injections were better than injections of corticosteroid plus lidocaine or placebo in patients with sciatica attributed to piriformis syndrome. The third trial concluded that BoNT injections were better than traditional acupuncture in patients with third lumbar transverse process syndrome. Both studies with high risk of bias had several key limitations. Heterogeneity of the studies prevented meta-analysis. There is low quality evidence that BoNT injections improved pain, function, or both better than saline injections and very low quality evidence that they were better than acupuncture or steroid injections.

MAIN RESULTS:

MAIN RESULTS: Twenty-one trials involving 884 people were included. A hand brace significantly improved symptoms after four weeks (weighted mean difference (WMD) -1.07; 95% confidence interval (CI) -1.29 to -0.85) and function (WMD -0.55; 95% CI -0.82 to -0.28). In an analysis of pooled data from two trials (63 participants) ultrasound treatment for two weeks was not significantly beneficial. However one trial showed significant symptom improvement after seven weeks of ultrasound (WMD -0.99; 95% CI -1.77 to - 0.21) which was maintained at six months (WMD -1.86; 95% CI -2.67 to -1.05). Four trials involving 193 people examined various oral medications (steroids, diuretics, nonsteroidal anti-inflammatory drugs) versus placebo. Compared to placebo, pooled data for two-week oral steroid treatment demonstrated a significant improvement in symptoms (WMD -7.23; 95% CI -10.31 to -4.14). One trial also showed improvement after four weeks (WMD -10.8; 95% CI -15.26 to -6.34). Compared to placebo, diuretics or nonsteroidal anti-inflammatory drugs did not demonstrate significant benefit. In two trials involving 50 people, vitamin B6 did not significantly improve overall symptoms. In one trial involving 51 people yoga significantly reduced pain after eight weeks (WMD -1.40; 95% CI -2.73 to -0.07) compared with wrist splinting. In one trial involving 21 people carpal bone mobilisation significantly improved symptoms after three weeks (WMD -1.43; 95% CI -2.19 to -0.67) compared to no treatment. In one trial involving 50 people with diabetes, steroid and insulin injections significantly improved symptoms over eight weeks compared with steroid and placebo injections. Two trials involving 105 people compared ergonomic keyboards versus control and demonstrated equivocal results for pain and function. Trials of

ORAL STEROIDS, SPLINTING, ULTRASOUND, YOGA AND WRIST MOBILISATION PROVIDE SHORT-TERM RELIEF FROM CARPAL TUNNEL SYNDROME, BUT OTHER NON-SURGICAL METHODS HAVE NOT BEEN SHOWN TO HELP.: Carpal tunnel syndrome is caused by compression of the median nerve at the wrist, leading to mild to severe pain and pins and needles in the hand. Other Cochrane reviews show benefit from nerve decompression surgery and steroids. This review of other non-surgical treatments found some evidence of short-term benefit from oral steroids, splinting/hand braces, ultrasound, yoga and carpal bone mobilisation (movement of the bones and tissues in the wrist), and insulin and steroid injections for people who also had diabetes. Evidence on ergonomic keyboards and vitamin B6 is unclear, while trials so far have not shown benefit from diuretics, non-steroidal anti-inflammatory drugs, magnets, laser acupuncture, exercise or chiropractic.

MAIN RESULTS:

MAIN RESULTS: Three RCTs, involving 78 people, were included in this review. AL-TENS and C-TENS were compared to placebo and to each other. Administration of 15 minutes of AL-TENS a week, for 3 weeks, resulted in a significant decrease in rest pain (67% relative benefit, 45 points absolute benefit on 100 mm VAS scale) but not in grip pain compared to placebo. AL-TENS did result in a clinical beneficial improvement in muscle power scores with a relative difference of 55%, and an absolute benefit of 0.98, compared to placebo. No significant difference was found between one 20-minute treatment duration of C-TENS versus AL-TENS , or C-TENS versus placebo on decrease in mean scores for rest pain or grip pain, or on the number of tender joints. Results showed a statistically significant reduction in joint tenderness, but no clinical benefit from C-TENS over placebo in relief of joint tenderness. No statistically significant difference was shown between 15 days of treatment with C-TENS or AL-TENS in relief of joint pain, although there was a clinically important benefit of C-TENS over AL-TENS on patient assessment of change in disease (risk difference 21%, NNT 5).

MAIN RESULTS:

MAIN RESULTS: Twelve trials with a total of 724 participants were included in the review. Participants were from a mixture of settings, age groups and phases of stroke recovery.Behavioural interventions Three trials assessed behavioural interventions, such as timed voiding and pelvic floor muscle training. All had small sample sizes and confidence intervals were wide.Specialised professional input interventions Two trials assessed variants of professional input interventions. Results tended to favour the intervention groups: in a small trial in early rehabilitation, fewer people had incontinence at discharge from hospital after structured assessment and management than in a control group (1/21 vs. 10/13; RR 0.06, 95% CI 0.01 to 0.43); in the second trial, assessment and management by Continence Nurse Advisors was associated with fewer participants having urinary symptoms (48/89 vs. 38/54; RR 0.77, 95% CI 0.59 to 0.99) and statistically significantly more being satisfied with care.Complementary therapy interventions Three small trials all reported fewer participants with incontinence after acupuncture therapy (overall RR 0.44; 95% 0.23 to 0.86), but there were particular concerns about study quality. Pharmacotherapy and hormonal interventions There were three small trials that included groups allocated meclofenoxate, oxybutinin or oestrogen. There were no apparent differences other than in the trial of meclofenoxate where fewer participants had urinary symptoms in the active group than in the control group (9/40 vs. 27/40; RR 0.33, 95% CI 0.18 to 0.62).

Record #88 of 97 **TI: Conscious sedation and analgesia for oocyte**

ID: CD004829AU: Kwan **KY:** Female [checkword]; Humans [checkword];

YR: 2005 **US:** http://www.mrw.interscience.wiley.

SO: Kwan Irene, Bhattacharya Siladitya, Knox Fiona, McNeil Alex. Conscious sedation

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Extrakte

MAIN RESULTS:

Our search strategy identified 390 potentially eligible reports and 12 papers met our inclusion criteria. There were no significant differences in clinical pregnancy rates per woman and patient satisfaction between the methods compared. Women's perception of pain showed conflicting results. Due to considerable heterogeneity, in terms of types and dosages of sedation or analgesia used, and tools used to assess the principal outcomes of pain and satisfaction, a meta-analysis of all the studies was not attempted. Of the three trials which compared the effect of conventional medical analgesia plus paracervical block versus electro-acupuncture plus paracervical block, there was no significant difference in clinical pregnancy rates per woman in the two groups (OR 1.01; 95% CI 0.73 to 1.4). For intra-operative pain score as measured by visual analogue scale (VAS), there was a significant difference (WMD -4.95; 95% CI -7.84 to -2.07), favouring conventional medical analgesia plus paracervical block . There was also a significant difference in intra-operative pain by VAS between patient-controlled sedation and physician-administered sedation (WMD 5.98; 95% CI 1.63 to 10.33), favouring physician -administered sedation. However, as different types and dosages of sedative and analgesic agents were used in these trials, these data should be interpreted with caution.

AUTHORS' CONCLUSION

There is insufficient evidence to determine the effect of different methods of pain relief when compared with conscious sedation and analgesia used during oocyte recovery. In this review, no one particular pain relief method or delivery system appeared to be better than the other. In future, greater consensus is needed to determine both the tools used to evaluate pain and the timing of pain evaluation during and after the procedure. Pain assessment using both subjective and objective measures may merit consideration. In addition, future trials should include intra- and post-operative adverse respiratory and cardiovascular events as outcomes.

Record #89 of 97

TI: Individual patient education for low back pain

ID: CD004057AU: Engers **KY:** Humans [checkword]; Acute Disease; Low Back Pain

YR: 2008 **US:** http://www.mrw.interscience.wiley.

SO: Engers Arno J, Jellema Petra, Wensing Michel, van der Windt Daniëlle AWM, Grol

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Extrakte

MAIN RESULTS:

MAIN RESULTS: Of the 24 studies included in this review, 14 (58%) were of high quality. Individual patient education was compared with no intervention in 12 studies; with non-educational interventions in 11 studies; and with other individual educational interventions in eight studies. Results showed that for patients with subacute LBP, there is strong evidence that an individual 2.5 hour oral educational session is more effective on short-term and long-term return-to-work than no intervention. Educational interventions that were less intensive were not more effective than no intervention. Furthermore, there is strong evidence that individual education for patients with (sub)acute LBP is as effective as non-educational interventions on long-term pain and global improvement and that for chronic patients, individual education is less effective for back pain-specific function when compared to more intensive interventions. Comparison of different types of individual education did not show significant differences.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: For patients with acute or subacute LBP, intensive patient education seems to be effective. For patients with chronic LBP, the effectiveness of individual education is still unclear. INDIVIDUAL PATIENT EDUCATION FOR LOW-BACK PAIN: Low-back pain is a very common condition, particularly in developed countries. It can cause a great deal of pain and lost activity.Health professionals use patient education to help people learn about low-back pain and what to do about it, including:- Staying active and returning to normal activities as soon as possible - Avoiding worry - Coping with having a sore back - Ways to avoid strain and avoid future back injuries.Patient education can mean a discussion with a health professional, a special class, written information such as a booklet to take home, or other formats such as a video.This review found 24 trials testing different types of patient education for people with low-back pain. The outcomes measured included pain, function and return-to-work.People with low-back pain who received an in-person patient education session lasting at least two hours in addition to their usual care had better outcomes than people who only received usual care. Shorter education sessions, or providing written information by itself without an in-person education session, did not seem to be effective.People with chronic (long-term) low-back pain were less likely to benefit from patient education than people with acute (short-term) pain.Patient education was no more effective than other interventions such as cognitive behavioural group therapy, work-site visits, x-rays, acupuncture, chiropractic, physiotherapy, massage, manual therapy, heat-wrap therapy, interferential therapy, spinal stabilisation, yoga, or Swedish back school. One study found that patient education was more effective than exercises alone for some measures of function.Studies that compared different types of patient education did not find clear results on which type was most effective. Some studies found that written information was just as effective as in-person education.There appeared to be no harmful effects of patient education. Although there were 24 studies included in the review, most treatments were only tested by one or two studies. More research is needed to confirm these results, and to find out which types of patient education are the most effective.

Record #90 of 97

TI: Interventions for tears of the rotator cuff in adults

ID: CD002758AU: Ejnisman **KY:** Adult [checkword]; Humans [checkword]; Randomized

YR: 2009 **US:** http://www.mrw.interscience.wiley.

SO: Ejnisman Benno, Andreoli Carlos V, Soares Bernardo , Peccin Maria Stella, Abdalla

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Extrakte

Single studies with few participants were unable to show improvement with corticosteroids, acupuncture, and physiotherapy.

MAIN RESULTS:

MAIN RESULTS: Eight trials involving 455 people were included and 393 patients analysed. Trials were grouped in eight categories of conservative or surgical treatment. The median quality score of all trials combined was 16 out of a possible 24 points, with a range of 12-18. In general, included trials differed on diagnostic criteria for rotator cuff tear, there was no uniformity in reported outcome measures, and data which could be summarised were rarely reported. Only results from two studies comparing open repair to arthroscopic debridement could be pooled. There is weak evidence for the superiority of open repair of rotator cuff tears compared with arthroscopic debridement.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is little evidence to support or refute the efficacy of common interventions for tears of rotator cuff in adults. As well as the need for further well designed clinical trials, uniform methods of defining interventions for rotator cuff tears and validated outcome measures are also essential. INTERVENTIONS FOR TEARS OF THE ROTATOR CUFF IN ADULTS: Both conservative and surgical interventions are used to treat shoulder pain and disability as a result of rotator cuff tears (the sheath around one of the shoulder joints). Single studies with few participants were unable to show improvement with corticosteroids, acupuncture, and physiotherapy. There were no randomised controlled trials comparing conservative to surgical treatment. From two studies, open surgical repair is superior to arthroscopic debridement/cleaning of the joint in rotator cuff tears for overall improvement at five year and nine year follow-up. The limited data suggests favouring conservative interventions as less invasive and less expensive than surgery.

Record #92 of 97

TI: Low level laser therapy for treating tuberculosis

ID: CD003490AU: Vlassov **KY:** Humans [checkword]; Laser Therapy; Lasers

YR: 2006 **US:** http://www.mrw.interscience.wiley.

SO: Vlassov Vasilii V, Reze Andrey G. Low level laser therapy for treating tuberculosis.

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MAIN RESULTS:

MAIN RESULTS: One randomized controlled trial (130 participants) conducted in India met the inclusion criteria. This trial was poorly reported, with no information on the generation of allocation sequence or allocation concealment. The trial report did not provide details on the group that each of the participants were randomized into or which group those participants that left the trial were from. This precluded the use of its data on time to sputum conversion and other outcome measures for analysis.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: The use of low level laser therapy for treating tuberculosis is still not supported by reliable evidence. Researchers need to focus on conducting well-designed randomized controlled trials to justify the continued participation of volunteers for studies of this experimental intervention. NOT ENOUGH EVIDENCE TO SUPPORT USING LOW LEVEL LASER THERAPY ALONGSIDE DRUG TREATMENTS FOR TUBERCULOSIS: Tuberculosis (TB) is a serious bacterial infection that can affect different parts of the body; most frequently it affects the lungs (pulmonary TB). Some bacteria can be drug resistant, and some people may have the infection alongside another medical condition. People suffer from severe cough, weakness and sweats, and some people still die from TB even though effective drug treatment has been around for many years. It is has been proposed that low level laser therapy may help the drugs to be more effective. There are a number of different devices for giving the laser treatment, some giving the treatment externally (to the body or acupuncture sites), some using for internal treatment (for blood or lungs) at varying doses. The review of trials found only one randomized trial where the data were poorly reported, and it did not clarify the potential benefits and harms. Low level laser therapy should only be used in randomized controlled trials until its value is evaluated.

Record #94 of 97

TI: Physical medicine modalities for mechanical neck

ID: CD000961AU: Gross KY: Adult [keyword]; Humans [keyword]; Physical

YR: 1998 US: <http://www.mrw.interscience.wiley>.

SO: Gross Anita, Aker Peter, Goldsmith Charles H, Peloso Paul Michael J. Physical

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Extrakte

Not enough scientific testing exists to clearly determine the effectiveness of other therapies. This includes treatments such as exercise, traction, acupuncture, heat / cold applications, electrotherapies, cervical orthoses and chronic pain / cognitive behavioural rehabilitation strategies.

MAIN RESULTS:

MAIN RESULTS: Thirteen trials were included. The overall quality of the included trials was generally good. Two trials using electromagnetic therapy produced a significant reduction in pain (p <0.01) with three to four weeks of daily (eight hours per day) therapy sessions; and three using laser therapy did not differ significantly from a placebo (p=0.20) for six to 10 sessions of treatment. Not enough scientific testing exists to clearly determine the effectiveness of other therapies. This includes treatments such as exercise, traction, acupuncture, heat / cold applications, electrotherapies, cervical orthoses and chronic pain / cognitive behavioural rehabilitation strategies.

AUTHORS' CONCLUSION

AUTHORS' CONCLUSIONS: There is little information available from trials to support the use of physical medicine modalities for mechanical neck pain. There is some support for the use of electromagnetic therapy and against the use of laser therapy with respect to pain reduction.synopsis pending