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Liver Cirrhosis

Cirrhose hépatique : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Qi 2020

Qi L, Li S, Xu J, et al. Acupuncture for the Treatment of Liver Cirrhosis: A Meta-analysis. Gastroenterol Res Pract. 2020;2020:4054781. [doi](#)

Introduction	Acupuncture is widely used in the clinical treatment of liver cirrhosis (LC) in China. However, the efficacy of acupuncture on LC has not been fully confirmed by systematic analysis. This current meta-analysis evaluated the impact effect of acupuncture on patients with LC
Methods	We conducted a systematic literature search of the China National Knowledge Infrastructure, the Chinese Biomedical Database (SinoMed), VIP medicine information system, Wanfang Data, PubMed, Cochrane Library, Web of Science, and Embase. Further, we used Review Manager 5.3 software for the analysis of the data and Stata 14.0 software for the Egger test to assess publication bias.
Results	Fifteen studies involving 1066 patients were included in the meta-analysis. The primary outcome was the efficacy rate of acupuncture therapy. The secondary outcomes were impact on acupuncture on liver function grading assessment and lab tests related to liver functions.
Conclusion	The result suggested that acupuncture is an effective treatment option for patients with LC as a complementary therapy. However, the recommendation is weak due to some limitations of the included studies.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
∅ negative recommendation (or lack of evidence)

2.1. American Association for the Study of Liver Diseases (AASLD, USA) 2022

⊕

Rogal SS, Hansen L, Patel A, Ufere NN, Verma M, Woodrell CD, Kanwal F. AASLD Practice Guidance: Palliative care and symptom-based management in decompensated cirrhosis. Hepatology. 2022 Feb 1. <https://doi.org/10.1002/hep.32378>

Pain. Nonpharmacological options : hot/cold, physical therapy, mindfulness/meditation, other behavioral pain self-management strategies (e.g., cognitive behavioral therapy), **acupuncture (caution if platelets <50,000)**, other complementary options based on preferences (e.g., transcutaneous nerve stimulation).

Nausea and vomiting. Nonpharmacotherapies : correct electrolytes, evaluate and treat adrenal insufficiency, manage constipation, review medications and eliminate potential triggers (e.g., lactulose, opioids), ginger, mindfulness, relaxation, **acupuncture (use caution if platelets <50,000)**.

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