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Myopie : évaluation de l'acupuncture

1. Revues systématiques et méta-analyses

1.1. Wei 2011 Ø

Wei MI, Liu JP, Li N, Liu M. Acupuncture for slowing the progression of myopia in children and adolescents, Cochrane Database Syst Rev. 2011. [160668].

Background	Myopia (near-sightedness or short-sightedness) is one of the three commonly detected refractive (focusing) errors. Acupuncture is the stimulation of acupuncture points by various methods including needle insertion and acupressure. It is often used by traditional Chinese medicine practitioners to treat myopia in children.
Objectives	To assess the effectiveness and safety of acupuncture in slowing the progression of myopia in children and adolescents.
Methods	Search strategy: We searched CENTRAL (which contains the Cochrane Eyes and Vision Group Trials Register) (The Cochrane Library 2011, Issue 7), MEDLINE (January 1950 to July 2011), EMBASE (January 1980 to July 2011), the Allied and Complementary Medicine Database (AMED) (January 1985 to July 2011), Latin American and Caribbean Health Sciences Literature Database (LILACS) (January 1982 to July 2011), the metaRegister of Controlled Trials (mRCT) (www.controlled-trials.com), ClinicalTrials.gov (www.clinicaltrial.gov), the National Center for Complementary and Alternative Medicine (NCCAM) (The first issue to August 2010), the Chinese Biological Medicine Database (CBM) (1978 to April 2011), China National Knowledge Infrastructure (CNKI) (1994 to April 2011) and VIP (1989 to April 2011). There were no date or language restrictions in the electronic searches for trials. CENTRAL, MEDLINE, EMBASE, AMED, LILACS, mRCT and ClinicalTrials.gov were last searched on 9 July 2011. NCCAM was searched up to August 2010 and CBM, CNKI, and VIP were last searched on 6 April 2011. Selection criteria: We included randomized controlled trials (RCTs) that included any type of acupuncture treatment for myopia in children and adolescents. Data collection and analysis: Two authors independently evaluated the search results according to the inclusion and exclusion criteria. Two authors extracted and assessed data independently. We contacted the study investigator for missing data.
Main results:	We included two RCTs conducted in Taiwan with a total of 131 participants . We did not perform a meta-analysis as the trials were assessing different outcomes. Neither trial met our pre-defined primary outcome criteria of myopia progression defined as one diopter mean change. Only one trial reported the changes of axial length without non-significant difference among groups and both trials reported that several children experienced mild pain during acupuncture stimulation.
Authors' conclusions	Two trials are included in this review but no conclusions can be drawn for the benefit of co-acupressure for slowing progress of myopia in children. Further evidence in the form of RCTs are needed before any recommendations can be made for the use of acupuncture treatment in clinical use. These trials should compare acupuncture to placebo and have large sample sizes. Other types of acupuncture (such as auricular acupuncture) should be explored further as well as compliance with treatment for at least six months or longer. Axial length elongation of the eye should be investigated for at least one year. The potential to reduce/eliminate pain from acupuncture experienced by children should also be reviewed.

2. Recommandation de bonne pratique

2.1. American Academy of Ophthalmology (AAO, USA) 2012

American Academy of Ophthalmology. Acupuncture for slow myopia in children. San Francisco (CA): American Academy of Ophthalmology. 2012; 7P. [168140].

The decision to recommend acupuncture in children with myopia should be individualized to the patient's needs and preferences, as the data do not permit any clear conclusions regarding the benefits or harms of these proposed treatment.

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