Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Zhai 2025 1
1.1.2. Moretto 2013 ☆ 1
1.2. Special Clinical Forms 2
1.2.1. hiccups in cancer patient 2
1.2.2. Hiccups after stroke 2
2. Clinical Practice Guidelines 2
2.1. Fédération Bruxelloise de Soins Palliatifs et Continus (FBSP, Belgique) 2026 ⊕ 3
2.2. Fédération Bruxelloise de Soins Palliatifs et Continus (FBSP, Belgique) 2019 ⊕ 3
2.3. NHS Scotland 2019 ⊕ 3
2.4. BC Centre for Palliative Care (Canada) 2017 ⊕ 3
2.5. National Institute for Health and Clinical Excellence (NICE, UK) 2017 ⊕ 3

hiccups:

Hoquet : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhai 2025

Zhai Y, Hui Y, Jiang Z, Liu G, Ding L, Cheng J, Tang X, Li X, Zhai H, Ma R, Wan Z, Zhang H. Effectiveness and safety of acupuncture therapies for intractable hiccups: a systematic review and network meta-analysis. Front Med (Lausanne). 2025 Nov 19;12:1676850. https://doi.org/10.3389/fmed.2025.1676850

Background	Intractable hiccups (IH) have diverse causes, including central lesions (e.g., stroke, intracranial injury) and peripheral triggers (e.g., gastrointestinal disease, tumors, chemotherapy, cirrhosis, surgery). IH significantly impairs quality of life, delays recovery, and increases the risk of complications. Acupuncture is frequently used as a complementary or alternative therapy for IH in China, but no prior study has systematically compared different acupuncture modalities within a unified framework.
Methods	To assess the comparative effectiveness and safety of multiple acupuncture therapies for treating IH via network meta-analysis. RCTs on acupuncture for IH published from January 2015 to January 2025 were retrieved from eight databases and four clinical trial registries. Study quality was assessed via the Cochrane risk of bias tool. Meta-analysis was performed with Stata software.
Results	The **41 included studies** were all conducted in China and published in Chinese and no studies or data from other countries. The studies covered a total of 3,060 patients with IH and 15 types of acupuncture-related intervention measures. Manual acupuncture combined with acupoint injection showed the highest efficacy in improving both total effective rate and quality of life. Electroacupuncture combined with conventional medicine was most effective in reducing hiccup symptoms. Among monotherapies, auricular acupressure achieved the greatest improvement in total effective rate. All acupuncture therapies demonstrated acceptable safety, with no serious adverse events reported.
Conclusion	Acupuncture appears effective and safe for treating IH in China. Combination therapies outperformed monotherapies, with manual acupuncture plus acupoint injection showing the greatest efficacy and acceptable safety. Electroacupuncture with conventional medication was most effective for symptom relief. However, limitations of linguistic and geographical scope, potential favorable bias and uneven methodological quality warrant further high-quality international studies.

1.1.2. Moretto 2013 ☆

Moretto EN, Wee B, Wiffen PJ, Murchison AG.Choi TY, Lee MS, Ernst E. Interventions for treating persistent and intractable hiccups in adults. Cochrane Database Syst Rev. 2013;1:CD008768.

[171051].

Purpose	The objective of this review was to evaluate the effectiveness of pharmacological and nonpharmacological interventions used in the treatment of persistent and intractable hiccups of any aetiology in adults.
Methods	Studies were identified from the following databases: CENTRAL, CDSR, DARE, MEDLINE, EMBASE, CINAHL, PsychINFO and SIGLE (last search March 2012). The search strategy for all the databases searched was based on the MEDLINE search strategy presented in Appendix 1. No additional handsearching of journals was undertaken. Investigators who are known to be carrying out research in this area were contacted for unpublished data or knowledge of the grey literature. SELECTION CRITERIA: studies eligible for inclusion in this review were randomised controlled trials (RCTs) or controlled clinical trials (CCTs). INCLUSION CRITERIA: adults (over 18 years old) diagnosed with persistent or intractable hiccups (hiccups lasting more than 48 hours), treated with any pharmacological or non-pharmacological intervention. EXCLUSION CRITERIA:less than ten participants; no assessment of change in hiccup frequency or intensity in outcome measures. DATA COLLECTION AND ANALYSIS: two independent review authors assessed each abstract and title for relevance. Disagreement on eligibility was resolved by discussion. Where no abstract was available the full paper was obtained and assessed. We obtained full copies of the studies which met the inclusion criteria for further assessment. Two review authors independently collected data from each appropriate study and entered them into the software Review Manager 5. Two independent review authors assessed the risk of bias using the RevMan 5 'Risk of bias' table following guidance from the Cochrane Handbook of Systematic Reviews of Interventions (Higgins 2009).
Results	**A total of four studies (305 participants)** met the inclusion criteria. All of these studies sought to determine the effectiveness of different acupuncture techniques in the treatment of persistent and intractable hiccups. All four studies had a high risk of bias, did not compare the intervention with placebo, and failed to report side effects or adverse events for either the treatment or control groups. Due to methodological differences we were unable to perform a meta-analysis of the results. No studies investigating pharmacological interventions for persistent and intractable hiccups met the inclusion criteria.
Conclusion	**There is insufficient evidence to guide the treatment of persistent or intractable hiccups with either pharmacological or non-pharmacological interventions**.The paucity of high quality studies indicate a need for randomised placebo-controlled trials of both pharmacological and non-pharmacological treatments.

1.2. Special Clinical Forms

1.2.1. hiccups in cancer patient

See corresponding item

1.2.2. Hiccups after stroke

See corresponding item

2. Clinical Practice Guidelines

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

2.1. Fédération Bruxelloise de Soins Palliatifs et Continus (FBSP, Belgique) 2026 ⊕

Hoquet. Palliaguide - Guidelines de soins palliatifs. Belgique 2026.2026-04-13 : Réactualisation complète du domaine : Hoquet.https://www.palliaguide.be/hoquet-soins-palliatifs/

Dans un hoquet persistant ou réfractaire, penser à l'apport de l'acupuncture.

2.2. Fédération Bruxelloise de Soins Palliatifs et Continus (FBSP, Belgique) 2019 ⊕

Hoquet. Palliaguide - Guidelines de soins palliatifs. Belgique 2019. [001].

Dans un hoquet persistant ou réfractaire, penser à l'apport de l'acupuncture.

2.3. NHS Scotland 2019 ⊕

Hiccups. Scottish Palliative Care Guidelines. 2019. ¤3P. [197341].

Acupuncture may be effective

2.4. BC Centre for Palliative Care (Canada) 2017 ⊕

B.C. Inter-Professional Palliative Symptom Management Guidelines. BC Centre for Palliative Care. 2017:304P. [219379]. URL

Hiccoughs: Acupuncture, if available and acceptable to the patient.

2.5. National Institute for Health and Clinical Excellence (NICE, UK) 2017 ⊕

CKS Clinical knowledge summaries).. Hiccups. London (UK): National Institute for Health and Clinical Excellence (NICE). 2017;:10P. [197111].

For people in whom an underlying cause cannot be identified, or whose hiccups persist after treatment of an identified underlying cause: Advise that acupuncture, hypnosis, and/or psychotherapy can be tried.

From:
https://ebm.wiki-mtc.org/ - **Encyclopédie des sciences médicales chinoises**

Permanent link:
https://ebm.wiki-mtc.org/doku.php?id=acupuncture:evaluation:gastro-enterologie:02.%20hoquet

Last update: **18 Apr 2026 15:14**