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Fatigue

Fatigue : évaluation de l'acupuncture

Articles connexes: - évaluation du taiji-qigong -

1. Generic Acupuncture

2. Special Acupuncture Techniques

2.1. Lee 2011 (foot reflexology)

Lee J Han M Chung Y Kim J and Choi J. Effects of foot reflexology on fatigue, sleep and pain: a systematic review and meta-analysis. J Korean Acad Nurs. 2011;41:821-33. [195764].

Purpose	The purpose of this study was to evaluate the effectiveness of foot reflexology on fatigue, sleep and pain.
Methods	A systematic review and meta-analysis were conducted. Electronic database and manual searches were conducted on all published studies reporting the effects of foot reflexology on fatigue, sleep, and pain. Forty four studies were eligible including 15 studies associated with fatigue, 18 with sleep, and 11 with pain. The effects of foot reflexology were analyzed using Comprehensive Meta-Analysis Version 2.0. The homogeneity and the fail-safe N were calculated. Moreover, a funnel plot was used to assess publication bias.
Results	The effects on fatigue, sleep, and pain were not homogeneous and ranged from 0.63 to 5.29, 0.01 to 3.22, and 0.43 to 2.67, respectively. The weighted averages for fatigue, sleep, and pain were 1.43, 1.19, and 1.35, respectively. No publication bias was detected as evaluated by fail-safe N. Foot reflexology had a larger effect on fatigue and sleep and a smaller effect on pain.
Conclusion	This meta-analysis indicates that foot reflexology is a useful nursing intervention to relieve fatigue and to promote sleep. Further studies are needed to evaluate the effects of foot reflexology on outcome variables other than fatigue, sleep and pain.

3. Special Clinical Forms

3.1. exercise-induced fatigue

3.1.1. Peng 2026

Peng Q, Wu L, Li Q. Comparison of the efficacy of neuromodulation techniques based on corticospinal excitability in improving exercise-induced fatigue in athletes: a systematic review and network meta-analysis. Front Psychol. 2026;17:1948789. https://doi.org/10.3389/fpsyg.2026.1948789

Background	Exercise-induced fatigue (EIF) can impair training quality and athletic performance. Neuromodulation techniques targeting corticospinal excitability, including central and peripheral stimulation approaches, have been proposed as interventions, but their comparative efficacy remains unclear. This systematic review and network meta-analysis compared different neuromodulation strategies for EIF in athletes.
Methods	PubMed, Embase, Web of Science, Cochrane Library, CNKI, Wanfang, and VIP were searched from inception to June 2026 for randomized controlled trials comparing neuromodulation techniques with placebo, sham stimulation, or blank control. Risk of bias was assessed using RoB 2 and confidence in evidence using CINeMA. A Bayesian network meta-analysis was performed, interventions were ranked using SUCRA, and meta-regression explored sources of heterogeneity.
Results	Fourteen RCTs involving 756 athletes were included. Pairwise meta-analysis showed that neuromodulation reduced blood lactate levels (MD = -0.47, 95% CI -0.57 to -0.38). In the network meta-analysis, **transcutaneous electrical acupoint stimulation (TEAS) combined with acupuncture** ranked first for rating of perceived exertion (SUCRA = 99.3%), blood lactate (SUCRA = 96.3%), and blood urea nitrogen (SUCRA = 72.6%). CINeMA rated most evidence as low quality. Meta-regression indicated that the total number of stimulations negatively moderated the effect on blood lactate (p = 0.001), while intervention type, risk of bias, and study design influenced blood urea nitrogen outcomes.
Conclusion	**TEAS combined with acupuncture** achieved the most favorable SUCRA rankings for several exercise-induced fatigue outcomes, but these rankings are exploratory because the overall certainty of evidence was low. Higher-quality randomized controlled trials are needed to confirm the findings and define optimal stimulation parameters.

3.1.2. Zhong 2016 ☆

Zhong DK, Tang D, Xue L, Wen J, Li YP. Effectiveness of moxibustion for exercise-induced fatigue–a systematic review for randomized controlled trials. Chin J Integr Med. 2016;22(2):130-40. [190253].

Objectives	To review and assess the effect of single moxibustion for exercise-induced fatigue: (EIF).
Methods	Computer-search for 8 medical databases and 5 clinical trail registries were conducted for: randomized controlled trials (RCTs), added with hand-search for 10 Chinese acupuncture-moxibustion journals and additional references. Data from included RCTs were pooled by RevMan5.1. Methodology quality of RCTs was judged by Cochrane Collaboration assessment tool while quality of primary outcomes was evaluated by GRADE3.2.
Results	Five RCTs were finally included, all reported in small sample size with high risk of: bias. Comparisons on single moxibustion and rest relief (without treatment) were studied. Six outcomes were reported, all favored moxibustion to rest relief for EIF. Primary outcomes showed as rating of perceived exertion (RPE) with mean difference (MD)=-0.49, 95% confidence interval (CI) [-0.80, -0.19], 800-m race performance with MD=-2.21, 95% CI [-3.57, -0.85], and Harvard Step Index (HSI) with MD=14.75, 95% CI [8.35, 21.15]. Moreover, all primary outcomes as RPE, 800-m race performance and HSI were rated low quality
Conclusions	**Single moxibustion might be considered effective for EIF**. However, due to small samples of included RCTs, high risk of bias among studies and poor quality of primary outcomes and subjects restricted to Chinese athletes only, these results present limitation, and should be taken with caution for practice. More large-size studies with rigorous design are warranted to further test effectiveness of moxibustion for EIF.

3.2. Chronic Fatigue Syndrome

see article correspondant

3.3. Cancer-Related Fatigue

see corresponding item

3.4. Fatigue in Systemic Lupus Erythematosus

see corresponding item

3.5. Fatigue in inflammatory bowel disease

3.5.1. Davis 2020

Davis SP, Bolin LP, Crane PB, Wei H, Crandell J. Non-pharmacological interventions to manage fatigue in adults with inflammatory bowel disease: A systematic review and meta-analysis. Complement Ther Clin Pract. 2020;41:101229. https://doi.org/10.1016/j.ctcp.2020.101229

Background and purpose	The prevalence of fatigue is higher in adults with inflammatory bowel disease (IBD). There is limited information on the effectiveness of non-pharmacological interventions to manage fatigue. The purposes of this review is to evaluate the effectiveness of these interventions to manage fatigue in adults with IBD.
Materials and methods	A systematic review was conducted based on the PRISMA guidelines. Comprehensive Meta-Analysis software was used to compute metaanalysis.
Results	Eleven studies were included in the review. The interventions to manage fatigue included problem-solving therapy, solution-focused therapy, cognitive behavioral therapy, psychoeducational intervention, exercise advice with omega-3 supplements, electro-acupuncture, and AndoSan. The pooled evidence from the metaanalysis demonstrated that non-pharmacological interventions could decrease IBD-Fatigue (SMD = 0.33, 95% CI [0.10, 0.55], p = 0.005).
Conclusion	The pooled data indicate that non-pharmacological interventions are helpful in managing IBD-Fatigue. Additionally, the non-pharmacological interventions reviewed could be utilized to promote self-management in IBD.

3.5.2. Farrell 2020

Farrell D, Artom M, Czuber-Dochan W, Jelsness-Jørgensen LP, Norton C, Savage E. Interventions for fatigue in inflammatory bowel disease. Cochrane Database Syst Rev. 2020;4(4):CD012005. https://doi.org/10.1002/14651858.CD012005.pub2

Background	Inflammatory bowel disease (IBD) is an umbrella term used to describe a group of chronic, progressive inflammatory disorders of the digestive tract. Crohn's disease and ulcerative colitis are the two main types. Fatigue is a common, debilitating and burdensome symptom experienced by individuals with IBD. The subjective, complex nature of fatigue can often hamper its management. The efficacy and safety of pharmacological or non-pharmacological treatments for fatigue in IBD is not yet established through systematic review of studies.

Objectives	To assess the efficacy and safety of pharmacological and non-pharmacological interventions for managing fatigue in IBD compared to no treatment, placebo or active comparator.
Methods	*Search methods:* A systematic search of the databases Embase, MEDLINE, Cochrane Library, CINAHL, PsycINFO was undertaken from inception to July 2018. A top-up search was run in October 2019. We also searched the Cochrane IBD Group Specialized Register, the Cochrane Central Register of Controlled Trials, ongoing trials and research registers, conference abstracts and reference lists for potentially eligible studies. *Selection criteria.* Randomised controlled trials of pharmacological and non-pharmacological interventions in children or adults with IBD, where fatigue was assessed as a primary or secondary outcome using a generic or disease-specific fatigue measure, a subscale of a larger quality of life scale or as a single-item measure, were included. *Data collection and analysis*: Two authors independently screened search results and four authors extracted and assessed bias independently using the Cochrane 'Risk of bias' tool. The primary outcome was fatigue and the secondary outcomes included quality of life, adverse events (AEs), serious AEs and withdrawal due to AEs. Standard methodological procedures were used.

Main results	We included 14 studies (3741 participants): nine trials of pharmacological interventions and five trials of non-pharmacological interventions. Thirty ongoing studies were identified, and five studies are awaiting classification. Data on fatigue were available from nine trials (1344 participants). In only four trials was managing fatigue the primary intention of the intervention (**electroacupuncture**, physical activity advice, cognitive behavioural therapy and solution-focused therapy). **Electroacupuncture**: Fatigue was measured with Functional Assessment of Chronic Illness Therapy - Fatigue (FACIT-F) (scores range from 0 to 52). The FACIT-F score at week eight was 8.00 points higher (better) in participants receiving electroacupuncture compared with no treatment (mean difference (MD) 8.00, 95% CI 6.45 to 9.55; 1 RCT; 27 participants; low-certainty evidence). Results at week 16 could not be calculated. FACIT-F scores were also higher with **electroacupuncture** compared to sham electroacupuncture at week eight (MD 5.10, 95% CI 3.49 to 6.71; 1 RCT; 30 participants; low-certainty evidence) but not at week 16 (MD 2.60, 95% CI 0.74 to 4.46; 1 RCT; 30 participants; low-certainty evidence). No adverse events were reported, except for one adverse event in the sham electroacupuncture group. Cognitive behavioural therapy (CBT) and solution-focused therapy: Compared with a fatigue information leaflet, the effects of CBT on fatigue are very uncertain (Inflammatory Bowel Disease-Fatigue (IBD-F) section I: MD -2.16, 95% CI -6.13 to 1.81; IBD-F section II: MD -21.62, 95% CI -45.02 to 1.78; 1 RCT, 18 participants, very low-certainty evidence). The efficacy of solution-focused therapy on fatigue is also very uncertain, because standard summary data were not reported (1 RCT, 98 participants). Physical activity advice: One 2 × 2 factorial trial (45 participants) found physical activity advice may reduce fatigue but the evidence is very uncertain. At week 12, compared to a control group receiving no physical activity advice plus omega 3 capsules, FACIT-F scores were higher (better) in the physical activity advice plus omega 3 group (FACIT-F MD 6.40, 95% CI -1.80 to 14.60, very low-certainty evidence) and the physical activity advice plus placebo group (FACIT-F MD 9.00, 95% CI 1.64 to 16.36, very low-certainty evidence). Adverse events were predominantly gastrointestinal and similar across physical activity groups, although more adverse events were reported in the no physical activity advice plus omega 3 group. Pharmacological interventions: Compared with placebo, adalimumab 40 mg, administered every other week ('eow') (only for those known to respond to adalimumab induction therapy), may reduce fatigue in patients with moderately-to-severely active Crohn's disease, but the evidence is very uncertain (FACIT-F MD 4.30, 95% CI 1.75 to 6.85; very low-certainty evidence). The adalimumab 40 mg eow group was less likely to experience serious adverse events (OR 0.56, 95% CI 0.33 to 0.96; 521 participants; moderate-certainty evidence) and withdrawal due to adverse events (OR 0.48, 95%CI 0.26 to 0.87; 521 participants; moderate-certainty evidence). Ferric maltol may result in a slight increase in fatigue, with better SF-36 vitality scores reported in the placebo group compared to the treatment group following 12 weeks of treatment (MD -9.31, 95% CI -17.15 to -1.47; 118 participants; low-certainty evidence). There may be little or no difference in adverse events (OR 0.55, 95% CI 0.26 to 1.18; 120 participants; low-certainty evidence).
Authors' conclusions	The effects of interventions for the management of fatigue in IBD are uncertain. No firm conclusions regarding the efficacy and safety of interventions can be drawn. Further high-quality studies, with a larger number of participants, are required to assess the potential benefits and harms of therapies. Future studies should assess interventions specifically designed for fatigue management, targeted at selected IBD populations, and measure fatigue as the primary outcome.

3.6. Parkinson-related fatigue

3.6.1. Folkerts 2023

Folkerts AK, Nielsen J, Gollan R, Lansu A, Solfronk D, Monsef I, Ernst M, Skoetz N, Zeuner KE, Kalbe E. Physical Exercise as a Potential Treatment for Fatigue in Parkinson's Disease? A Systematic Review and Meta-Analysis of Pharmacological and Non-Pharmacological Interventions. J Parkinsons Dis. 2023;13(5):659-679. https://doi.org/10.3233/JPD-225116

Backgound	Fatigue is one of the most common and debilitating non-motor symptoms among patients with Parkinson's disease (PD) and significantly impacts quality of life. Therefore, effective treatment options are needed.
Objective	To provide an update on randomized controlled trials (RCTs) including pharmacological and non-pharmacological (but non-surgical) treatments that examine the effects of fatigue on PD patients.
Methods	We searched the MEDLINE, EMBASE, PsycINFO, CENTRAL, and CINAHL databases for (cross-over) RCTs on pharmacological and non-pharmacological interventions for treating fatigue in PD patients until May 2021. Meta-analyses for random-effects models were calculated when two or more studies on the same treatment option were available using standardized mean differences (SMDs) with 95% confidence intervals (CIs).
Results	Fourteen pharmacological and 16 non-pharmacological intervention RCTs were identified. For pharmacological approaches, a meta-analysis could only be performed for modafinil compared to placebo (n = 2) revealing a non-significant effect on fatigue (SMD = - 0.21, 95% CI - 0.74-0.31, p = 0.43). Regarding non-pharmacological approaches, physical exercise (n = 8) following different training approaches versus passive or placebo control groups showed a small significant effect (SMD = - 0.37, 95% CI - 0.69- - 0.05, p = 0.02) which could not be demonstrated for **acupuncture** vs. sham-acupuncture (SMD = 0.16, 95% CI - 0.19-0.50, p = 0.37).
Conclusion	Physical exercise may be a promising strategy to treat fatigue in PD patients. Further research is required to examine the efficacy of this treatment strategy and further interventions. Future studies should differentiate treatment effects on physical and mental fatigue as the different underlying mechanisms of these symptoms may lead to different treatment responses. More effort is required to develop, evaluate, and implement holistic fatigue management strategies for PD patients.

3.7. Post-Stroke Fatigue

see corresponding item

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