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Systemic Lupus Erythematosus

Lupus érythémateux disséminé : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture
☆☆	Evidence for effectiveness of acupuncture
☆	Limited evidence for effectiveness of acupuncture
Ø	No evidence or insufficient evidence

1.1. Generic Acupuncture

1.1.1. Wang 2023

Wang H, Wang B, Huang J, Yang Z, Song Z, Zhu Q, Xie Z, Sun Q, Zhao T. Efficacy and safety of acupuncture therapy combined with conventional pharmacotherapy in the treatment of systemic lupus erythematosus: A systematic review and meta-analysis. Medicine (Baltimore). 2023 Oct 6;102(40):e35418. https://doi.org/10.1097/MD.0000000000035418

Background	Currently, the mainstream treatments for systemic lupus erythematosus (SLE) are based on glucocorticoids and immunosuppressants, which are known to have considerable adverse effects. This meta-analysis is aimed at confirming the efficacy and safety of acupuncture therapy in combination with traditional medications in the treatment of SLE.
Methods	Multiple databases were searched for randomized controlled trials using acupuncture therapy in combination with conventional pharmacotherapy for the treatment of SLE, from the establishment of the database to March 2023. Study selection, data collection, as well as quality assessment were conducted by 2 reviewers independently. RevMan 5.4 and Stata 17 software were used for Meta-analysis.
Results	**Seven eligible studies involving 514 patients** with SLE were included. Meta-analysis demonstrated that in SLE patients, extra treatment with acupuncture was superior to drug therapy alone in improving the overall response rate (RR = 1.20, 95% confidence intervals [1.11, 1.29], P < .00001, heterogeneity P = .69, I2 = 0%) and regulating immunological indicators (C3, C4, IgG, T lymphocyte subpopulation, IL-6, ds-DNA, ESR) while reducing TCM symptom scores, the SLE Disease Activity Index (SLEDAI) and the incidence of adverse events on treatment (P ≤ 0.05). Additionally, it was able to reduce BUN, Scr and 24 hours urine protein, suggesting that acupuncture treatment had a protective effect on the kidneys.
Conclusions	Acupuncture therapy combined with conventional pharmacotherapy is an efficient and safe way in the treatment of SLE. However, the conclusions drawn from this meta-analysis have some limitations due to the small number and uneven quality of the included studies, leading to heterogeneity and bias. Thus more relevant high-quality randomized controlled trials are needed for further evaluation in the future.

1.1.2. Fangtham 2019

Fangtham M, Kasturi S, Bannuru RR, Nash JL, Wang C. Non-pharmacologic therapies for systemic lupus erythematosus. Lupus. 2019;28(6):703-712. [203312].

Background	Non-pharmacologic therapies have been deemed as potentially beneficial for patients with systemic lupus erythematosus. We conducted an updated review to determine the effects of these therapies to inform practice.
Methods	A literature search was performed using PubMed (MEDLINE), EMBASE, Cochrane, PsychINFO, the Cumulative Index to Nursing and Allied Health Literature, Web of Science, and Google Scholar from inception until August 2018. We included randomized controlled trials of non-pharmacologic therapies in systemic lupus erythematosus patients with sample size ≥10. Systemic lupus erythematosus was defined by 1982 or 1997 American College of Rheumatology criteria. Studies were synthesized separately by patient-reported outcomes and disease activity. Due to the heterogeneity of interventions and comparisons, a meta-analysis was not performed.
Results	A total of 15 randomized controlled trials involving 846 participants met the inclusion criteria. Of the 15 trials, eight used exercise interventions, six used psychological interventions (one group psychotherapy, three cognitive behavioral therapies, one psychoeducation, one mindfulness-based cognitive therapy) and **one used electro-acupuncture**. Five of 15 studies utilized control groups consisting of usual medical care. Other studies included control interventions of relaxation, attention placebo, symptom monitoring support, education, minimal needling, isotonic and resistance exercise. Compared with the control conditions, non-pharmacological interventions were associated with a significant improvement in fatigue in three out of six studies. Three out of eight studies reported improved anxiety and depression, and one study reported improved pain after interventions. Seven out of 11 studies reported improvement in overall quality of life in at least one domain of the Short-Form Health Survey. Of note, no studies demonstrated an improvement in disease activity after 5-52 weeks of non-pharmacological therapies.
Conclusion	This review showed promising results for physical exercise and psychological interventions as adjuncts to traditional medical therapy for improvement in fatigue, depression, pain and quality of life for systemic lupus erythematosus. Further high-quality randomized controlled trials with longer follow-up periods are warranted.

1.1.3. Del Pino-Sedeño 2016 Ø

Del Pino-Sedeño T, Trujillo-Martín MM, Ruiz-Irastorza G, Cuellar-Pompa L. Effectiveness of nonpharmacologic interventions for decreasing fatigue in adults with systemic lupus erythematosus: a systematic review. Arthritis Care Res (Hoboken). 2016;68(1):141-8. [186461].

ObjectivE	Survival of patients with systemic lupus erythematosus (SLE) has significantly improved over the past decades. As SLE patients live longer they inevitably experience a range of clinical manifestations and somatic symptoms. Quality of life may also be impacted through a range of subjective indicators. Among these parameters, fatigue is the most prevalent complaint. Nonpharmacologic strategies seem regularly utilized for fatigue management in SLE; however, their real effects are not known.
Methods	A systematic review was conducted to analyze the effectiveness of nonpharmacologic interventions to reduce fatigue in SLE patients. Medline/PreMedline, Embase, PsycINFO, SCI-EXPANDED, Social Sciences Citation Index, and the Cochrane Library were searched (June 2014). Studies were included and assessed for quality if they fulfilled prespecified criteria.

Results	A total of 12 studies were finally included (n = 549): 7 randomized trials, 1 nonrandomized trial, and 4 prospective observational studies. They assessed 5 main intervention categories: exercise, behavioral and psychological approaches, diets, **acupuncture**, and phototherapy. All interventions produced reductions in fatigue, as measured using at least 1 instrument. Aerobic exercise was found to be effective and suitable for reducing fatigue, but results were not always consistent across instruments used. The diversity of psychological interventions limits the significance of the results; however, data point to a positive impact on fatigue. **There are still few data on the effect of acupuncture**, diets, and ultraviolet A radiation.
Conclusion	Studies are few and heterogeneous; however, nonpharmacologic interventions applied to SLE patients can be effective in reducing fatigue.

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