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Peripheral Neuropathy

Neuropathies périphériques : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhou 2023

Zhou L, Wu T, Zhong Z, Yi L, Li Y. Acupuncture for painful diabetic peripheral neuropathy: a systematic review and meta-analysis. Front Neurol. 2023 Nov 16;14:1281485. https://doi.org/10.3389/fneur.2023.1281485

Background	Painful Diabetic Peripheral Neuropathy (PDPN) is a common complication of diabetes, it severely affects the quality of life of patients. Acupuncture has been shown to be effective in the treatment of PDPN. To evaluate the efficacy and safety of acupuncture for pain relief in patients diagnosed with diabetic peripheral neuropathy, we conducted a systematic review and meta-analysis.
Method	We thoroughly searched specific databases, which included PUBMED, EMBASE, Web of Science, the Cochrane Library, the Chinese Biomedical Literature Database, the Chinese National Knowledge Infrastructure, China Science and Technology Journal Database and the Wanfang Data. All randomized controlled trials of acupuncture therapy for PDPN with pain change scales were included. Included studies were assessed for methodological quality according to the risk of bias from the Cochrane handbook. Meta-analyses were carried out to analyze the outcomes, subgroup analyses, sensitivity analyses, and funnel plot analyses were undertaken.
Results	This systematic review evaluated a total of **25 trials** of acupuncture therapy in combination with conventional treatment, involving a total of 1,561 patients with PDPN. According to the results, among 16 trials using VAS scores with a total of 1,552 patients, 2 acupoint injection trials (MD -2.38, 95% CI: -2.76 to -2.01, $p < 0.00001$), 12 acupuncture trials (MD -1. 31, 95% CI: -1.60 to -1.02, $p < 0.00001$) and 2 moxibustion trials showed that acupuncture therapy combined with conventional treatment improved pain better than conventional treatment (MD -2.50, 95% CI: -2.76 to -2.24, $p < 0.00001$). In the subgroup analysis of the acupuncture group, the results of the 5 trials in which the location of acupuncture was only in the limbs (MD -1.27, 95% CI: -1.54 to -1.01, $p < 0.00001$) and the 7 trials both in limbs and torso (MD -1.38, 95% CI: -1.81 to -0.95, $p < 0.00001$) also demonstrated that acupuncture was effective in pain improvement.
Conclusion	This meta-analysis analyzed the possible efficacy of acupuncture in combination with conventional treatment for pain in diabetic peripheral neuropathy, particularly when acupoints are located in the limbs. However, there are limitations to this meta-analysis and future clinical studies are needed to confirm these findings.

1.1.2. Liampas 2020

Liampas A, Rekatsina M, Vadalouca A, Paladini A, Varrassi G, Zis P. Non-Pharmacological Management of Painful Peripheral Neuropathies: A Systematic Review. Adv Ther. 2020;37(10):4096-4106. [218568]. doi

Introduction	Peripheral neuropathic pain (PNP) is defined as the neuropathic pain that arises either acutely or in the chronic phase of a lesion or disease affecting the peripheral nervous system. PNP is associated with a remarkable disease burden, and there is an increasing demand for new therapies to be used in isolation or combination with currently available treatments. The aim of this systematic review was to evaluate the current evidence, derived from randomized controlled trials (RCTs) that assess non-pharmacological interventions for the treatment of PNP.
Methods	After a systematic Medline search, we identified 18 papers eligible to be included.
Results	The currently best available evidence (level II of evidence) exist for painful diabetic peripheral neuropathy. In particular, spinal cord stimulation as adjuvant to conventional medical treatment can be effectively used for the management of patients with refractory pain. Similarly, adjuvant repetitive transcranial magnetic stimulation of the motor cortex is effective in reducing the overall pain intensity, whereas adjuvant static magnetic field therapy can lead to a significant decrease in exercise-induced pain. Weaker evidence (level III of evidence) exists for the use of **acupuncture as a monotherapy** and neurofeedback, either as an add-on or a monotherapy approach, for treatment of painful chemotherapy-induced peripheral neuropathy
Conclusions	Future RCTs should be conducted to shed more light in the use of non-pharmacological approaches in patients with PNP.

1.1.3. Dimitrova 2017 ☆☆

Dimitrova A, Murchison C, Oken B. Acupuncture for the Treatment of Peripheral Neuropathy: A Systematic Review and Meta-Analysis. J Altern Complement Med. 2017. [190922].

Objectives	Neuropathy and its associated pain pose great therapeutic challenges. While there has been a recent surge in acupuncture use and research, little remains known about its effects on nerve function. This review aims to assess the efficacy of acupuncture in the treatment of neuropathy of various etiologies.
Methods	The Medline, AMED, Cochrane, Scopus, CINAHL, and clintrials.gov databases were systematically searched from inception to July 2015. Randomized controlled trials (RCTs) assessing acupuncture's efficacy for poly- and mononeuropathy were reviewed. Parallel and crossover RCTs focused on acupuncture's efficacy were reviewed and screened for eligibility. The Scale for Assessing Scientific Quality of Investigations in Complementary and Alternative Medicine was used to assess RCT quality. RCTs with score of >9 and active control treatments such as sham acupuncture or medical therapy were included.

Results	Fifteen studies were included: **13 original RCTs**, a long-term follow-up, and a re-analysis of a prior RCT. The selected RCTs studied acupuncture for neuropathy caused by diabetes, Bell's palsy, carpal tunnel syndrome, human immunodeficiency virus (HIV), and idiopathic conditions. Acupuncture regimens, control conditions, and outcome measures differed among studies, and various methodological issues were identified. Still, the majority of RCTs showed benefit for acupuncture over control in the treatment of diabetic neuropathy, Bell's palsy, and carpal tunnel syndrome. Acupuncture is probably effective in the treatment of HIV-related neuropathy, and there is insufficient evidence for its benefits in idiopathic neuropathy. Acupuncture appears to improve nerve conduction study parameters in both sensory and motor nerves. Meta-analyses were conducted on all diabetic neuropathy and Bell's palsy individual subject data (six RCTs; a total of 680 subjects) using a summary estimate random effects model, which showed combined odds ratio of 4.23 (95% confidence interval 2.3-7.8; $p < 0.001$) favoring acupuncture over control for neuropathic symptoms.
Conclusions	Acupuncture is **beneficial in some peripheral neuropathies**, but more rigorously designed studies using sham-acupuncture control are needed to characterize its effect and optimal use better.

1.2. Special Clinical Forms

1.2.1. Diabetic Peripheral Neuropathy

see corresponding item

1.2.2. Chemotherapy-Induced Peripheral Neuropathy

See corresponding item

1.2.3. Multiple Myeloma Peripheral Neuropathy

1.2.3.1. Lyu 2024

Lyu C, Xiao H, Yin X, Li Z, Han C, Xu R. Acupuncture in Multiple Myeloma Peripheral Neuropathy: A Systematic Review. J Pain Res. 2024 Apr 24;17:1571-1581. https://doi.org/10.2147/JPR.S448634

Backgound	Peripheral neuropathy (PN) is a prevalent complication of multiple myeloma (MM), due to the disease itself or its treatment. Despite extensive research, the optimal treatment for multiple myeloma peripheral neuropathy (MMPN) remains unclear. Clinical practice has shown the potential efficacy of acupuncture in managing MMPN. This study aimed to conduct a comprehensive analysis of the literature to assess the effectiveness and safety of acupuncture as a treatment for MMPN.
Methods	The PubMed, Web of Science, MEDLINE, Cochrane Library, and Embase databases were comprehensively searched from inception to November 1, 2023 to identify relevant studies pertaining to the use of acupuncture to treat MMPN.

Results	A total of **five studies, encompassing 97 patients** diagnosed with drug-related PN, were included. No studies addressed disease-related PN. ST36, LI4, SP6, and EX-LE-10 were the most frequently selected acupoints. Acupuncture treatment was consistently associated with reductions in Visual Analogue Scale (VAS), Neuropathic Pain Scale (NPS), Brief Pain Inventory–Short Form (BPI-SF), and Functional Assessment of Cancer Therapy/Gynecologic Oncology Group–Neurotoxicity (FACT/GOG-Ntx) scores. Results from nerve conduction velocity (NCV) assessments were inconsistent. No severe adverse effects were reported.
Conclusion	Acupuncture for disease-related PN in multiple myeloma has not yet been investigated. Acupuncture appears safe for drug-related PN and may help relieve pain, but substantial heterogeneity in treatment regimens and limited study quality preclude firm conclusions. Further high-quality studies are required.

2. Clinical Practice Guidelines

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

2.1. Canadian Myeloma Research Group (CMRG, Canada) 2022 ⊕

LeBlanc R, Bergstrom DJ, Côté J, Kotb R, Louzada ML, Sutherland HJ. Management of Myeloma Manifestations and Complications: The Cornerstone of Supportive Care: Recommendation of the Canadian Myeloma Research Group (formerly Myeloma Canada Research Network) Consensus Guideline Consortium. Clin Lymphoma Myeloma Leuk. 2022 Jan;22(1):e41-e56. https://doi.org/10.1016/j.clml.2021.07.028

Treatment options for residual PN may include anti-convulsants, antidepressants, NSAIDs, opioids, supplements, cannabinoids and **acupuncture** but there is limited data to guide management, which should be individualized to each patient

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