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Voice Disorders:

Troubles de la voix : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Xiao 2023 (vocal nodule)

Xiao Z, Fu Q, Long X, Zhou L, Zhu R, Peng Q, Xie X, Liao Y. Efficacy and safety of acupuncture for vocal nodules: A systematic review and meta-analysis with trial sequential analysis. PLoS One. 2023 Nov 3;18(11):e0288252. https://doi.org/10.1371/journal.pone.0288252

Aim	In this study, we aim to evaluate the efficacy and safety of acupuncture for vocal nodules, concerning qualitive overall efficacy and quantitative improvement on quality of voice.
Methods	Four English and four Chinese databases were searched up to December 10th, 2022. Risk of bias among the included trials were evaluated by the Cochrane ROB tool. Systematic reviews and meta-analyses were conducted based on the Cochrane systematic review method by using RevMan 5.4 Software, and trial sequential analyses were performed by TSA 0.9. Meta-influence analyses, subgroup-analyses, meta-regression, and evaluation of publication bias were performed for exploration of heterogeneity by Stata V.14. Quality of the results was accessed through the GRADE-pro GDT. Cluster analyses and correlation coefficient were performed by R 4.1.3.
Results	Finally, **15 trials involving 1,888 participants** were included. Results showed that compared with western medicine alone or Chinese herbal medicine alone, acupuncture alone yielded significantly ($p<0.05$) higher clinical effective rate and more improvement on scores of voice analyses. However, reduction on scores of grade, roughness, and breathiness and voice handicap index during follow-ups, and results of clinical effective rate suggested that acupuncture was inferior to voice training. In addition, meta-regression and sub-group analyses firstly revealed advanced efficacies of acupuncture when performed with local and remote acupoints, compared with local acupoints only. Acupuncture specified adverse event was denied in six trials while it was not mentioned in other nine trials. Results of cluster analyses and correlation coefficient showed that Kai yin yi hao and He gu (LI-4) were the most frequently applied matching-acupoints in trials.
Conclusion	In conclusion, compared with western medicine (level of evidence: low ⨁⨁◯◯, GRADE C) and Chinese herbal medicine (level of evidence: moderate ⨁⨁⨁◯, GRADE B), acupuncture is safe and of better efficacy for patients with vocal nodules, while there is also need for RCTs with improvements on designing and interventions in experimental and controls.

1.2. Chen 2019 ☆

Chen MY, Tan J, Zhang H, Zou YJ, Li S, Guo KK, Zhao DF. [Acupuncture for dysarthria: systematic review]. Chinese Acupuncture and Moxibustion. 2019;39(2):215-21. [196473].

Objective	To systematically evaluate the clinical efficacy of acupuncture for dysarthria, and to explore the rules of acupoints selection for dysarthria. METHODS: The clinical randomized control trial literature regarding acupuncture for dysarthria published before January of 2018 were searched in databases, including CNKI, Wanfang, VIP, CBM, PubMed, Ebsco, Science Direct and Cochrane Library. The information of included studies was extract and the quality was assessed. The Meta analysis was performed by using RevMan 5.3 software. The frequency of acupoints was calculated by using Excel software to analyzed the rules of acupoints selection.
Results	Totally 21 papers were included, involving 1651 patients. The pooled effects of clinical efficacy: heterogeneity test P =0.74, I 2=0%, OR =6.36, 95% CI: 4.55, 8.88, Z =10.84 (P<0.01), indicating the efficacy in the treatment group was significantly higher than that in the control group. The pooled effects of the symptom score in Frenchay scale: heterogeneity test P =0.56, I 2=0%, WMD =3.20, 95% CI: 1.38, 5.02, Z =3.45 (P<0.01), indicating the efficacy in the treatment group was significantly higher than that in the control group. The acupoints with frequency of more than 5 times were Fengchi (GB 20), Yuye (EX-HN 13), Jinjin (EX-HN 12), Lianquan (CV 23), Baihui (GV 20), tongue-three needles and Yamen (GV15). The meridians with frequency of more than 5 times were the extra channels, governor vessel, gallbladder channel, conception vessel and stomach channel.
Conclusion	The clinical efficacy of acupuncture combined with speech training/regular treatment is significantly superior to that of control group (speech training, medication, regular treatment); acupuncture is safe and effective for dysarthria; the majority of selected acupoint is local acupoints around tongue, throat and neck, as well as extra points and empirical points. However, high-quality randomized controlled trials with large sample sizes are still needed to provide further evidence.

1.3. Cardoso 2017 ☆

Cardoso R, Meneses RF, Lumini-Oliveira J. The Effectiveness of Physiotherapy and Complementary Therapies on Voice Disorders: A Systematic Review of Randomized Controlled Trials. Front Med (Lausanne). 2017. [195112].

Background	The treatment of voice disorders includes physiotherapy and complementary therapies. However, research to support these treatments is scarce.
Objectives and methods	to verify the effectiveness of physiotherapy and complementary therapies on voice disorders. Research on electronic databases PubMed/Medline, SciELO, and LILACS was performed using the combination: voice AND (treatment OR intervention) according to PRISMA guidelines. Only randomized controlled trials (RCTs) were included in the review. Studies were analyzed using the physiotherapy evidence database (PEDro) scale and the Center for Evidence-Based Medicine's Levels of Evidence scale.
Results	Eight papers met the inclusion criteria. From the RCTs included in this review, six assessed massage, one transcutaneous electrical nerve stimulation (TENS), one refer to spinal manipulative therapy, and **one to acupuncture**.
Conclusions	The literature regarding the effectiveness of physiotherapy and complementary therapies was good in both quality and results, indicating that massage, TENS, and **acupuncture seem to be effective treatments to reduce voice complaints and improve voice quality**, supporting the inclusion of complementary therapies but mostly physiotherapy interventions in the treatment of patients with voice disorders.

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