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# Obstructive Sleep Apnea

## Apnées du sommeil : 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
∅	No evidence or insufficient evidence

#### 1.1. Generic Acupuncture

##### 1.1.1. Wang 2020

Wang L, Xu J, Zhan Y, Pei J. Acupuncture for Obstructive Sleep Apnea (OSA) in Adults: A Systematic Review and Meta-Analysis. Biomed Res Int. 2020. [207644]. [doi](#)

<b>Objective</b>	Our aim was to assess the efficacy and safety of acupuncture for OSA patients with various severities of the disorder.
<b>Methods</b>	Eight databases including PubMed, Cochrane Library, EMBASE, Web of Science, China National Knowledge Infrastructure (CNKI), Chongqing VIP (CQVIP), Wanfang Data, and Chinese Biomedical Literature Database (CBM) were comprehensively searched till July 2019. Randomized controlled trials (RCTs) testing acupuncture in the treatment of OSA were eligible for inclusion. Studies were selected for inclusion, and data were extracted by two authors independently. The Cochrane Collaboration's Risk of Bias Assessment Tool and RevMan software (version 5.3) were used to evaluate the quality of studies and conduct statistical analysis.
<b>Results</b>	<b>Nine RCTs with 584 participants</b> were included. The trials covered acupuncture and electropuncture. Acupuncture caused clinically significant reductions in AHI (MD: -6.18; 95% CI: -9.58 to -2.78; Z = 3.56, P = 0.0004) as well as in ESS (MD: -2.84; 95% CI: -4.80 to -0.16, Z = 2.09, P = 0.04). AHI was reduced more in the subgroup analysis of moderate OSA patients (MD: -9.44; 95% CI: -12.44 to -6.45; Z = 6.18, P < 0.00001) and severe OSA patients (MD: -10.09; 95% CI: -12.47 to -7.71; Z = 8.31, P < 0.00001). ESS was also reduced more in the subgroup analysis of moderate OSA patients (MD: -2.40; 95% CI: -3.63 to -1.17; Z = 3.83, P = 0.0001) and severe OSA patients (MD: -4.64; 95% CI: -5.35 to -3.92; Z = 12.72, P < 0.00001). Besides, acupuncture had a beneficial effect on LSAO2 (MD: 5.29; 95% CI: 2.61 to 7.97; Z = 3.86, P = 0.0001). The outcome of AHI and LSAO2 yielded consistent results after sensitivity analysis, but the direction of the outcome of ESS was reversed. And the quality of evidence was mainly low to very low.
<b>Conclusions</b>	Acupuncture therapy is effective for OSA patients in reducing AHI and ESS and in improving the LSAO2 of various severities, especially in moderate and severe OSA patients. High-quality trials are urgently needed.

**1.1.2. Jiao 2018**

Jiao Su-Qin, Zhu Jin-Mei, He Jun, Qian Xue. [Clinical Effect of Acupuncture Therapy on Obstructive Sleep Apnea Hypopnea Syndrome: a Meta-analysis]. Practical Journal of Cardiac Cerebral Pneumal and Vascular Disease. 2018;6:5-9. [201773]. 目的 评价针刺疗法治疗阻塞性睡眠呼吸暂停低通气综合征(OSAHS)的临床疗效. 方法 计算机检索中国知网(CNKI)维普网(VIP)万方数据知识服务平台、中国生物医学文献数据库(CBM)等2008—2018年发表的关于针刺疗法治疗OSAHS的随机对照试验,其中对照组患者采用持续气道正压通气(CPAP)常规治疗或药物治疗等,治疗组患者采用针刺疗法治疗.采用RevMan 5.3软件进行Meta分析.结果 最终共纳入9篇文献,包括722例患者.Meta分析结果显示,治疗组患者临床有效率RR=1.23,95%CI(1.13,1.34)治疗后夜间最低血氧饱和度MD=5.40,95%CI(2.13,8.67)高于对照组,治疗后呼吸暂停低通气指数MD=-3.50,95%CI(-6.62,-0.38)Epworth嗜睡量表评分MD=-1.64,95%CI(-3.02,-0.25)低于对照组(P<0.05).结论 现有文献证据表明,针刺疗法治疗OSAHS的临床疗效较好,且具有累积效应、作用持续时间长.

[Automatic translation	
<b>Objective</b>	To evaluate the clinical efficacy of acupuncture in the treatment of obstructive sleep apnea hypopnea syndrome (OSAHS).
<b>Methods</b>	Computer Search China Knowledge Network (CNKI), VIP Network (VIP), Wanfang Data Knowledge Service Platform, China Biomedical Literature Database (CBM) and other randomized controlled trials of acupuncture therapy for OSAHS published in 2008-2018, in which patients in the control group were treated with continuous positive airway pressure (CPAP), conventional or medical therapy, and patients in the treatment group were treated with acupuncture. Treatment. Meta-analysis was performed using RevMan 5.3 software.
<b>Results</b>	The results included a total of <b>9 articles, including 722 patients</b> . Meta-analysis showed that the clinical effective rate of patients in the treatment group [RR=1.23, 95% CI (1.13, 1.34)], treatment After night, the minimum oxygen saturation (MD=5.40, 95% CI (2.13, 8.67)) was higher than that of the control group, and the apnea hypopnea index after treatment (MD=-3.50, 95% CI (-6.62, -0.38)] The Epworth sleepiness scale score (MD=-1.64, 95% CI (-3.02, -0.25)) was lower than that of the control group (P<0.05).
<b>Conclusions</b>	The available literature evidence indicates that the clinical efficacy of acupuncture in the treatment of OSAHS is better, and has a cumulative effect, long duration of action.

**1.1.3. Lv 2016**

Lv ZT, Jiang WX, Huang JM, Zhang JM, Chen AM. The Clinical Effect of Acupuncture in the Treatment of Obstructive Sleep Apnea: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Evid Based Complement Alternat Med. 2016. [186 505]

<b>Purpose</b>	This study aims to determine the clinical efficacy of acupuncture therapy in the treatment of obstructive sleep apnea.
<b>Methods</b>	A systematic literature search was conducted in five databases including PubMed, EMBASE, CENTRAL, Wanfang, and CNKI to identify randomized controlled trials (RCTs) on the effect of acupuncture therapy for obstructive sleep apnea. Meta-analysis was conducted using the RevMan version 5.3 software.

<b>Results</b>	<b>Six RCTs involving 362 subjects were included in our study.</b> Compared with control groups, manual acupuncture (MA) was more effective in the improvement of apnea/hypopnea index (AHI), apnea index, hypopnea index, and mean SaO <sub>2</sub> . Electroacupuncture (EA) was better in improving the AHI and apnea index when compared with control treatment, but no statistically significant differences in hypopnea index and mean SaO <sub>2</sub> were found. In the comparison of MA and nasal continuous positive airway pressure, the results favored MA in the improvement of AHI; there was no statistical difference in the improvement in mean SaO <sub>2</sub> . No adverse events associated with acupuncture therapy were documented.
<b>Conclusion</b>	<b>Compared to control groups, both MA and EA were more effective in improving AHI and mean SaO<sub>2</sub>.</b> In addition, MA could further improve apnea index and hypopnea index compared to control.

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