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Alcohol abuse:

Alcoolisme : évaluation du sevrage par acupuncture

Articles connexes: - conduites thérapeutiques - pathologie - qigong - acupuncture expérimentale -

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. Chen 2023 ☆

Chen H, Feng J, Chen L, Huang J, Zhang P, Chen C, Lu L, Tang C. Acupoint stimulation for alcohol use disorder: A systematic review and meta-analysis. Medicine (Baltimore). 2023 Jan 6;102(1):e32614. https://doi.org/10.1097/MD.0000000000032614

Background	To assess the effect of acupoint stimulation for Alcohol use disorders (AUD).
Methods	AUD is a complex disease that threatens the health of the global population. Acupoint stimulation, a sort of therapy applying stimulation on acupoints to produce a therapeutic effect without side effects, has been widely used in AUD patients, but its efficacy remains controversial. Electronic databases (the Cochrane Library, EMBASE, PubMed, CNKI, VIP, Wan-Fang) were systematically searched for randomized controlled trials (RCTs) on acupoint stimulation for AUD from database inception to September 30, 2022. A meta-analysis was performed using Review Manager 5.4 software. Continuous data (scales) were expressed as mean differences (MDs) or standardized mean difference (SMD) with 95% confidence intervals (95% CI). Study methodological quality was assessed according to the Cochrane risk-of-bias tool for trials. The grading of recommendations assessment, development and evaluation was used to assess the certainty of evidence for outcomes.
Results	A total of **16 RCTs with 1097 participants** were included. Compared to psychotherapy or drug therapy alone, the combination of acupoint stimulation and other sorts of therapies presented advantages in alleviating alcohol craving (SMD = -1.09, 95% CI = -1.40 to -0.77, df = 2, P < .00001, grading of recommendations assessment, development and evaluation very low certainty), (SMD = -2.25, 95% CI = -3.17 to -1.34, df = 3, P < .00001, low certainty) and the severity of alcohol withdrawal symptoms (MD = -1.21, 95% CI = -2.32 to -0.1, df = 2, P = .03, low certainty), as well as improving anxiety (MD = -3.41, 95% CI = -4.06 to -2.76, df = 4, P < .00001, very low certainty) and depression levels (MD = -3.27, 95% CI = -4.92 to -1.62, df = 4, P = .0001, very low certainty) on patients with AUD. In addition, a greater effect was also found with the 4-week treatment courses in reducing craving (SMD = -2.18, 95% CI = -2.61 to -1.75, P < .00001, low certainty).

Conclusion	Acupoint stimulation and its combined therapy may better relieve AUD symptoms effectively and the treatment duration should be set at more than 2 weeks. However, due to the low-quality of the included RCTs, high-quality studies are needed to further confirm it in the future.

1.2. Liu 2018 Ø

Liu X , Qin Z , Zhu X , Yao Q , Liu Z. Systematic review of acupuncture for the treatment of alcohol withdrawal syndrome. Acupuncture in Medicine. 2018;36(5):275-283. [200383].

Background	Acupuncture has been used as a potential therapy for alcohol withdrawal syndrome (AWS), but evidence for its effects on this condition is limited.
Objective	To assess the effects and safety of acupuncture for AWS. DATA SOURCES: Central Register of Controlled Trials (CENTRAL), PubMed, Embase, the Cochrane Library, PsycINFO, Chinese Biomedicine Literature (CBM), China National Knowledge Infrastructure (CNKI) and Wan-Fang Database were searched from their inception to August 2016. STUDY ELIGIBILITY CRITERIA: Randomised controlled trials (RCTs) of drug plus acupuncture or acupuncture alone for the treatment of AWS were included. DATA COLLECTION AND ANALYSIS: Continuous data were expressed as mean difference (MD) with 95% confidence intervals (95% CI). Dichotomous data were expressed as risk ratio (RR) with 95% CI.
Results	**Eleven RCTs with 875 participants** were included. In the acute phase, two trials reported no difference between drug plus acupuncture and drug plus sham acupuncture in the reduction of craving for alcohol; however, two positive trials reported that drug plus acupuncture was superior to drug alone in the alleviation of psychological symptoms. In the protracted phase, one trial reported acupuncture was superior to sham acupuncture in reducing the craving for alcohol, one trial reported no difference between acupuncture and drug (disulfiram), and one trial reported acupuncture was superior to sham acupuncture for the alleviation of psychological symptoms. Adverse effects were tolerable and not severe.
conclusion	There was nosignificant difference between acupuncture (plus drug) and sham acupuncture (plus drug) with respect to the primary outcome measure of craving for alcohol among participants with AWS, and no difference in completion rates (pooled results). There was limited evidence from individual trials that acupuncture may reduce alcohol craving in the protracted phase and help alleviate psychological symptoms; however, given concerns about the quantity and quality of included studies, further large-scale and well-conducted RCTs are needed.

1.3. Shin 2017 ☆

Shin NY, Lim YJ, Yang CH, Kim C. Acupuncture for Alcohol Use Disorder: A Meta-Analysis. Evid Based Complement Alternat Med. 2017. [169108].

Objectives	Empirical research has produced mixed results regarding the effects of acupuncture on the treatment of alcohol use disorder in humans. Few studies have provided a comprehensive review or a systematic overview of the magnitude of the treatment effect of acupuncture on alcoholism. This study investigated the effects of acupuncture on alcohol-related symptoms and behaviors in patients with this disorder.
Methods	The PubMed database was searched until 23 August 2016, and reference lists from review studies were also reviewed. Seventeen studies were identified for a full-text inspection, and **seven (243 patients)** of these met our inclusion criteria. The outcomes assessed at the last posttreatment point and any available follow-up data were extracted from each of the studies.

Results	Our meta-analysis demonstrated that an **acupuncture intervention had a stronger effect on reducing alcohol-related symptoms and behaviors** than did the control intervention (g = 0.67). A beneficial but weak effect of acupuncture treatment was also found in the follow-up data (g = 0.29).
Conclusions	Although our analysis showed a significant difference between acupuncture and the control intervention in patients with alcohol use disorder, this meta-analysis is limited by the small number of studies included. Thus, a larger cohort study is required to provide a firm conclusion.

1.4. Southern 2016 ☆☆

Southern C, Lloyd C, Liu J, Wang C, Zhang T, Bland M, MacPherson H. Acupuncture as an intervention to reduce alcohol dependency: a systematic review and meta-analysis. Chin Med. 2016. [190147].

Objectives	Acupuncture has been widely used as a treatment for alcohol dependence. An updated and rigorously conducted systematic review is needed to establish the extent and quality of the evidence on the effectiveness of acupuncture as an intervention for reducing alcohol dependence. This review aimed to ascertain the effectiveness of acupuncture for reducing alcohol dependence as assessed by changes in either craving or withdrawal symptoms.
Methods	In this systematic review, a search strategy was designed to identify randomised controlled trials (RCTs) published in either the English or Chinese literature, with a priori eligibility criteria. The following English language databases were searched from inception until June 2015: AMED, Cochrane Library, EMBASE, MEDLINE, PsycINFO, and PubMed; and the following Chinese language databases were similarly searched: CNKI, Sino-med, VIP, and WanFang. Methodological quality of identified RCTs was assessed using the Jadad Scale and the Cochrane Risk of Bias tool.
Results	**Fifteen RCTs** were included in this review, comprising 1378 participants. The majority of the RCTs were rated as having poor methodological rigour. A statistically significant effect was found in the two primary analyses: acupuncture reduced alcohol craving compared with all controls (SMD = -1.24, 95% CI = -1.96 to -0.51); and acupuncture reduced alcohol withdrawal symptoms compared with all controls (SMD = -0.50, 95% CI = -0.83 to -0.17). In secondary analyses: acupuncture reduced craving compared with sham acupuncture (SMD = -1.00, 95% CI = -1.79 to -0.21); acupuncture reduced craving compared with controls in RCTs conducted in Western countries (SMD = -1.15, 95% CI = -2.12 to -0.18); and acupuncture reduced craving compared with controls in RCTs with only male participants (SMD = -1.68, 95% CI = -2.62 to -0.75).
Conclusions	This study showed that **acupuncture was potentially effective in reducing alcohol craving and withdrawal symptoms** and could be considered as an additional treatment choice and/or referral option within national healthcare systems.

1.5. Cho 2009 Ø

Cho SH, Whang WW. Acupuncture for alcohol dependence: a systematic review. Alcohol Clin Exp Res 2009;33(8):1305-13. (eng). [152841]

Objective	Acupuncture has been used in the treatment of substance-related disorders for the past 30 years. However, a systematic review to assess the effect of various types of acupuncture for alcohol dependence has not yet been performed. The present systematic review assessed the results of randomized controlled trials (RCTs).

Methods	Nineteen electronic databases, including English, Korean, Japanese, and Chinese databases, were systematically searched for RCTs of acupuncture for alcohol dependence up to June 2008 with no language restrictions. The methodological qualities of eligible studies were assessed using the criteria described in the Cochrane Handbook.
Results	**Eleven studies, which comprised a total of 1,110 individual cases**, were systematically reviewed. Only 2 of 11 trials reported satisfactorily all quality criteria. Four trials comparing acupuncture treatment and sham treatments reported data for alcohol craving. Three studies reported that there were no significant differences. Among 4 trials comparing acupuncture and no acupuncture with conventional therapies, 3 reported significant reductions. No differences between acupuncture and sham treatments were found for completion rates (Risk Ratio = 1.07, 95% confidence interval, CI = 0.91 to 1.25) or acupuncture and no acupuncture (Risk Ratio = 1.15, 95% CI = 0.79 to 1.67). Only 3 RCTs reported acupuncture-related adverse events, which were mostly minimal.
Conclusions	**The results of the included studies were equivocal, and the poor methodological quality and the limited number of the trials do not allow any conclusion about the efficacy of acupuncture for treatment of alcohol dependence**. More research and well-designed, rigorous, and large clinical trials are necessary to address these issues.

1.6. Kunz 2004 Ø

Kunz S, Schulz M, Syrbe G, Driessen M. [Acupuncture of the ear as therapeutic approach in the treatment of alcohol and substance abuse: a systematic review] Sucht. 2004;50(3):196-203. [112172].

Objectives	Acupuncture as a treatment of substance-related disorders has reached increasing acceptance. A systematic review of the available studies is provided to determine, if this trend is supported by the scientific evidence from RCT.
Methods	A systematic literature search and critical appraisal of the studies was done.
Results	Fourteen randomised controlled studies (RCT) of ear acupuncture in the treatment of withdrawal from opiate-, cocaine- or alcohol-dependent patients were identified. A meta-analysis of the studies based on effect size could not be performed because of varying objectives, methods, sample characteristics and different drop-out rates.
Conclusions	The available scientific evidence does not support the efficacy of acupuncture in the treatment of withdrawal in opiate-, cocaine- and alcohol-dependent patients.

1.7. Ter Riet 1990 ∅

Ter Riet G et al. A meta-analysis of studies into the effect of acupuncture on addiction. British Journal of General Practice 1990;40(338):379-82. [83404]

> A literature search revealed 22 controlled clinical studies on the efficacy of acupuncture in three fields of addiction: cigarette smoking (15), heroin (five), and alcohol (two). These studies were reviewed using a list of 19 predefined criteria of good methodology. A maximum of 100 points for study design could be earned, divided over four categories: comparability of prognosis; adequate intervention; adequate effect measurement; and good data presentation. The study design was generally poor. No study earned more than 75 points and 12 studies (55%) earned less than 50 points. For smoking cessation, the number of studies with negative outcomes exceeded by far the number with positive outcomes. Taking the quality of the studies into account this negative picture becomes even stronger. For heroin and alcohol addiction controlled clinical research is both scarce and of low quality. **Claims that acupuncture is efficacious as a therapy for these addictions are thus not supported by**

results from sound clinical research.

2. Clinical Practice Guidelines

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

2.1. Duodecim EBM Guidelines (Finland) 2021 ⊕

Version française (EBMFrance.net). Médicaments utilisés dans la dépendance à l'alcool. Duodecim 2021. https://www.ebmfrance.net/fr/Pages/ebm/ebm00892.aspx

L'**acupuncture** n'améliore pas l'effet de la thérapie, mais soulage momentanément les symptômes légers que le patient éprouve.

2.2. National Institute for Health and Clinical Excellence (NICE, UK) 2011 Ø

National Institute for Health and Clinical Excellence. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. Clinical guideline [CG115]. London (UK): National Institute for Health and Clinical Excellence (NICE). 2011. [158589].

4 Research recommendations. 4.3 *Is acupuncture effective in reducing alcohol consumption compared with standard care?* This question should be answered using a randomised controlled design that reports short-and medium-term outcomes (including cost-effectiveness outcomes) of at least 12 months' duration. Particular attention should be paid to the reproducibility of the treatment model and training and supervision of those providing the intervention to ensure that the results are robust and generalisable. The outcomes chosen should reflect both observer and service user-rated assessments of improvement and the acceptability of the treatment. The study needs to be large enough to determine the presence or absence of clinically important effects, and mediators and moderators of response should be investigated. *Why this is important*: Non-pharmacological treatments are an important therapeutic option for people with alcohol-related problems. There is an evidence base for acupuncture in reducing craving but not alcohol consumption in a number of small trials. The evidence for pharmacological treatments (for example, acamprosate or naltrexone) and psychological treatments (for example, cognitive behavioural therapies and social network and environment-based therapies) is modest at best and the treatments are not effective for everyone. Anecdotal evidence suggests that acupuncture, like psychological treatment, is valued by service users both in alcohol misuse and substance misuse services (although the evidence base for effectiveness is weak). The results of this study will have important implications for increased treatment choice in the NHS for people who misuse alcohol.

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Last update: **04 May 2023 17:57**