Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Ben-Arie 2023 1
1.2. Formenti 2022 1
1.3. Zeng 2019 2
1.4. Lian 2014 2
2. Clinical Practice Guidelines 3
2.1. Fédération Bruxelloise de Soins Palliatifs et Continus (FBSP, Belgique) 2026 ⊕ 3
2.2. Health Care for the Homeless Clinicians' Network ((HCH, USA) 2018 ⊕ 3

Palliative Care

Soins palliatifs : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Ben-Arie 2023

Ben-Arie E, Lottering BJ, Chen FP, Ho WC, Lee YC, Inprasit C, Kao PY. Is acupuncture safe in the ICU? A systematic review and meta-analysis. Front Med (Lausanne). 2023 Aug 24;10:1190635. https://doi.org/10.3389/fmed.2023.1190635. https://pubmed.ncbi.nlm.nih.gov/37692789

Background and purpose	The safety of interventions for critically ill patients is a crucial issue. In recent years, several studies have treated critically ill patients with acupuncture. However, the safety of acupuncture in this setting remains to be systematically measured.
Methods	In May 2022, the electronic databases of PubMed and the Cochrane Library were searched for studies comparing acupuncture interventions to control interventions in critically ill patients. Study outcomes examined the incidence of severe adverse events (AEs), minor AEs, adverse reactions, ICU stays, and 28-day mortality.
Results	A total of **31 articles** were analyzed, and no serious AEs related to acupuncture treatment were identified. No significant differences were found between the groups in the meta-analysis of minor AEs (risk ratio [RR] 5.69 [0.34, 96.60], P = 0.23, I2 = 76%). A reduced risk in the incidence of adverse reactions following acupuncture intervention was evidenced (RR 0.33 [0.22, 0.50], P = 0.00001, I2 = 44%). The patients in the acupuncture arm spent significantly less time in the intensive care unit (ICU) (Mean difference -1.45 [-11.94, -10.97], P = 0.00001, I2 = 56%) and also exhibited lower 28-day mortality rates (odds ratio 0.61 [0.48, 0.78], P = 0.0001, I2 = 0%).
Conclusion	There is no evidence to indicate a higher risk of severe or minor AEs in patients who receive acupuncture. Acupuncture demonstrated favorable results in both ICU stay and 28-day mortality measurements, in addition to presenting with fewer adverse reactions compared to routine ICU care. However, the low certainty of the evidence resulting from a high risk of bias in the included studies merits substantial consideration, and further research is still warranted.

1.2. Formenti 2022

Formenti P, Piuri G, Bisatti R, Pinciroli R, Umbrello M. Role of acupuncture in critically ill patients: A systematic review. J Tradit Complement Med. 2022 Oct 31;13(1):62-71. https://doi.org/10.1016/j.jtcme.2022.10.005

Acupuncture is part of a complex medical approach used in China for about 2000 years, known as Traditional Chinese Medicine, whose central assumption is that health occurs when the patterned energy flow throughout the body is balanced. Within this paradigm, acute illness occurs when a major state of imbalance or disruption arises, and the use of acupuncture may help in correcting these imbalances. While the Chinese hospital system often offers the integration of traditional and western medicine, in Europe and the United States this combined approach is infrequently practiced. However, several investigations have consistently shown the effectiveness of acupuncture for different aspects of critical illness.
The aim of this systematic review is to increase the clinician's awareness of the current evidence regarding the use of acupuncture for the management of critically ill patients, both alone or as a complement to western medicine. The effects of acupuncture on critical illness, with a particular focus on respiratory function, pain and delirium treatment and prevention, circulatory function, nutritional support, and recovery after acute illness are explored and summarized, and evidence is provided that acupuncture is an acceptable and feasible option for the management of several aspects of critical illness. In addition, we suggest a practical selection of potentially useful acupuncture points in the critical care setting, with indications for simple localization and the correct puncture method.

1.3. Zeng 2019

Zeng YS , Wang C , Ward KE , Hume AL. Complementary and Alternative Medicine in Hospice and Palliative Care: A Systematic Review. J Pain Symptom Manage. 2018;56(5):781-794. [202692].

Context	The aim of palliative care is to improve quality of life for patients with serious illnesses by treating their symptoms and adverse effects. Hospice care also aims for this for patients with a life expectancy of six months or less. When conventional therapies do not provide adequate symptom management or produce their own adverse effects, patients, families, and caregivers may prefer complementary or alternative approaches in their care.
Objectives	The objectives of this study were to evaluate the available evidence on the use of complementary or alternative medicine (CAM) in hospice and palliative care and to summarize their potential benefits.
Methods	A defined search strategy was used in reviewing literature from major databases. Searches were conducted using base terms and the symptom in question. Symptoms included anxiety, pain, dyspnea, cough, fatigue, insomnia, nausea, and vomiting. Studies were selected for further evaluation based on relevancy and study type. References of systematic reviews were also assessed. After evaluation using quality assessment tools, findings were summarized and the review was structured based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.
Results	Out of 4682 studies, 17 were identified for further evaluation. Therapies included **acupressure, acupuncture**, aromatherapy massage, breathing, hypnotherapy, massage, meditation, music therapy, reflexology, and reiki. Many studies demonstrated a short-term benefit in symptom improvement from baseline with CAM, although a significant benefit was not found between groups.
Conclusion	CAM may provide a limited short-term benefit in patients with symptom burden. Additional studies are needed to clarify the potential value of CAM in the hospice or palliative setting.

1.4. Lian 2014

Lian WL, Pan MQ, Zhou DH, Zhang ZJ. Effectiveness of acupuncture for palliative care in cancer patients: a systematic review. Chinese Journal of Integrative Medicine. 2014;20(2):136-47. [214400].

doi

Objective	To critically evaluate the currently available randomized clinical trials regarding the effectiveness of acupuncture in palliative care for cancer patients, hence, to provide sufficient evidences for the widespread use of acupuncture in cancer treatment.
Methods	Two independent reviewers extracted data from all of the randomized clinical trials (RCTs) that assessed the efficacy of acupuncture in palliative care for cancer patients. Seven databases were searched from their respective inception to December 2010. All eligible trials identified were evaluated by two independent reviewers using the Jadad scale, and data from the articles were validated and extracted.
Results	In total, 33 RCTs met the inclusion criteria. The effects of acupuncture on different cancer-related aspects were shown, including chemotherapy or radiotherapy-induced side effects (13/33, 39.4%), cancer pain (6/33, 18.2%), post-operative urinary retention (4/33, 12.1%), quality of life (2/33, 6.1%), vasomotor syndrome (2/33, 6.1%), post-operative gastrointestinal dysfunction (2/33, 6.1%), prevention of prolonged postoperative ileus (2/33, 6.1%), joint symptoms (1/33, 3.0%), and immunomodulation (1/33, 3.0%).
Conclusions	The result of our systematic review suggested that the effectiveness of acupuncture in palliative care for cancer patients is promising, especially in reducing chemotherapy or radiotherapy-induced side effects and cancer pain. Acupuncture may be an appropriate adjunctive treatment for palliative care.

2. Clinical Practice Guidelines

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

2.1. Fédération Bruxelloise de Soins Palliatifs et Continus (FBSP, Belgique) 2026 ⊕

Douleur. Palliaguide - Guidelines de soins palliatifs. Belgique 2026.2026-03-15 : Réactualisation complète du domaine. https://www.palliaguide.be/douleur-soins-palliatifs/

Douleur. Intégrer dans le plan de traitement des mesures non pharmacologiques physiques (p.ex. **acupuncture**, massage, kinésithérapie, physiothérapie) et cognitives (p.ex. hypnose, relaxation).

2.2. Health Care for the Homeless Clinicians' Network ((HCH, USA) 2018 ⊕

Adapting Your Practice Recommendations for End-of-Life Care for People Experiencing Homelessnes. Health Care for the Homeless (HCH) Clinicians' Network. 2018;:90p. [198223].

Many patients are interested ICAM, either for belief in cure or for management of terminal illness. There is evidence that a variety of ICAM modalities can be helpful as an adjunct in terminal illness, including but not limited to Traditional Chinese Medicine, **acupuncture**, massage, meditation, prayer, guided imagery, laughter therapy, yoga, healing touch, Reike, aromatherapy, nutrition, and supplements. These modalities can serve as useful adjuncts for alleviating symptoms. Many patients are using ICAM and not discussing it with providers. It can be helpful to identify if your patients are using or interested in any ICAM modalities and helping with referral if needed. There are often free or low cost resources that may be located and accessed in many communities. If your patient is using ICAM modalities in belief of cure for a terminal illness, particularly instead of Western modalities, it is important to avoid alienating them or endorsing a cure that doesn't have evidence, while also avoiding instilling false hope for treatments whose efficacy is not substantiated by available.

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