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COVID-19

3. Systematic Reviews and Meta-Analysis

3.1. Generic acupuncture

3.1.1. Zahid 2025

Zahid M, Hussain U, Noreen S, Kabir S, Rehman K. Interventions to mitigate the impact of COVID-19 pandemic on mental health status of healthcare workers: a systematic review. J Pak Med Assoc. 2025 Jun;75(6):943-959. https://doi.org/10.47391/JPMA.21037

Objective	To evaluate the effectiveness of interventions in addressing the impact of coronavirus disease-2019 on the mental health status of healthcare workers.
Methods	The systematic review was conducted from January to August 2023 in line with the Preferred Reporting Items for Systematic Reviews and Meta- Analyses guidelines, and comprised search on Medical Literature Analysis and Retrieval System Online, Excerpta Medica database, Allied and Complementary Medicine Database Cumulative Index to Nursing and Allied Health Literature and Cochrane Central Register of Controlled Trials databases for relevant randomised clinical trials published till January 25, 2022, focussing on assessing the effectiveness of interventions addressing the impact of coronavirus disease-2019 on healthcare workers. The risk of bias of the studies was assessed using the revised Cochrane risk of bias tool for randomised clinical trials RoB 2.0.
Results	There were 17 randomised clinical trials with 4,511 participants. Overall findings showed that mindfulness-based interventions, yoga/music, music therapy/meditation, psychological interventions, creative arts therapy, and **acupuncture** could be effective in improving mental health outcomes for healthcare workers dealing with coronavirus disease-2019 patients. Pharmacological interventions and transcendental meditation may not be as effective.
Conclusions	Implementing non-pharmacological interventions to support the mental health of healthcare workers during times of crisis could be a positive approach.

3.2. Specific conditions

3.2.1. Dysphagia, dysphonia and olfactory disease

3.2.1.1. Wei 2026

Wei D, Leung C, Wong AY, Yang S, Du P, Wong Y, et al. Evaluating acupuncture as a therapeutic intervention for post-COVID-19 olfactory dysfunction: a systematic review and pilot study. Acupunct Herb Med. 2026;6(1):105-118. https://doi.org/10.1097/HM9.0000000000000189

Background	Olfactory dysfunction (OD) is a common and persistent symptom of coronavirus disease 2019 (COVID-19) for which effective treatments remain limited. The efficacy of acupuncture for post-COVID-19 OD remains uncertain. This study explored the feasibility and preliminary efficacy of acupuncture in patients with post-COVID-19 OD.
Methods	The study comprised two phases. Phase I was a systematic review conducted according to PRISMA guidelines and searched eight databases. Phase II was a pilot randomized controlled trial including 25 patients with moderate-to-severe post-COVID-19 OD, randomized to real or sham acupuncture. Participants received eight sessions over 4 weeks, with assessments at baseline, after cycle 1, after a 2-week washout, after cycle 2, and at 2-week follow-up. The primary outcome was change in the 12-item Assessment of Self-Reported Olfactory Functioning and Quality of Life (ASOF). Secondary outcomes included the short Questionnaire of Olfactory Disorders-Negative Statements (sQOD-NS) and the traditional Chinese version of the University of Pennsylvania Smell Identification Test (UPSIT-TC).
Results	The systematic review identified 22 studies (15 case reports and **seven RCTs**) suggesting possible beneficial effects of acupuncture on olfactory function. In the pilot RCT, no significant baseline differences were observed between groups. During cycle 1, the real-acupuncture group showed progressive improvement across all ASOF domains (SOC mean = 5.86; SRP mean = 3.26; ORQ mean = 3.98). After cycle 1, mean SOC and ORQ scores were higher with real than sham acupuncture (7.00 vs 4.67 and 3.98 vs 3.39, respectively). Improvements in secondary outcomes were also greater in the real-acupuncture group, whereas the sham group showed minimal change. Some decline occurred during cycle 2 and follow-up, although scores remained above baseline.
Conclusion	Acupuncture appeared safe and potentially effective for post-COVID-19 olfactory dysfunction in this small pilot study. The findings are preliminary and require confirmation in larger clinical trials.

3.2.1.2. Cordani 2022

Cordani C, Battel I, Del Furia MJ, Lazzarini SG, Negrini S, Arienti C. Dysphagia, dysphonia and olfactory disease: a map of Cochrane evidence relevant to rehabilitation for people with post COVID-19 condition. Eur J Phys Rehabil Med. 2022 Dec;58(6):875-879.
https://doi.org/10.23736/S1973-9087.22.07811-X

Introduction	Currently, no evidence exists on specific treatments for post COVID-19 condition (PCC). However, rehabilitation interventions that proved effective for similar symptoms in other health conditions could be applied to people with PCC. With this overview of systematic reviews with mapping, we aimed to describe the Cochrane evidence on rehabilitation interventions proposed for dysphagia, dysphonia and olfactory dysfunction in different health conditions that can be relevant for PCC.
Evidence acquisition	We searched the last five years' Cochrane Systematic Review (CSRs) using the terms “dysphagia,” “swallowing disorder,” “dysphonia,” “voice disorder,” “olfactory dysfunction,” “smell changes” and “rehabilitation” in the Cochrane Library. We extracted and summarized the available evidence using a map. We grouped the included CSRs for health conditions and interventions, indicating the effect and the quality of evidence.
Evidence synthesis	We found 170 CSRs published between 2016 and 2021 and 1 was included. It provided data on dysphagia in acute and subacute stroke. Interventions included were **acupuncture**, neuromuscular electrical stimulation, transcranial magnetic stimulation and behavioral interventions, and swallowing therapy, with very low- to moderate-quality evidence. We did not find any CSR on dysphonia and olfactory disease.

Conclusions	These results are the first step of indirect evidence able to generate helpful hypotheses for clinical practice and future research. They served as the basis for the three recommendations on treatments for these PCC symptoms published in the current WHO Guidelines for clinical practice.

3.2.2. Neurological and neuropsychiatric symptoms

3.2.2.1. Lam 2024

Lam WC, Wei D, Li H, Yao L, Zhang S, Lai MXY, Zheng Y, Yeung JWF, Lau AYL, Lyu A, Bian Z, Cheung AM, Zhong LLD. The use of acupuncture for addressing neurological and neuropsychiatric symptoms in patients with long COVID: a systematic review and meta-analysis. Front Neurol. 2024 Jul 19;15:1406475. https://doi.org/10.3389/fneur.2024.1406475

Importance	Acupuncture has been used to treat neurological and neuropsychiatric symptoms in China and other parts of the world. These symptoms, such as fatigue, headache, cognitive impairment, anxiety, depression, and insomnia, are common in people experiencing long COVID.
Objective	This study aims to explore the feasibility of acupuncture in the treatment of neurological and neuropsychiatric symptoms in long COVID patients.
Method	Data sources: A systematic search was conducted in four English and four Chinese databases from inception to 23 June 2023. Literature selection and data extraction were conducted by two pairs of independent reviewers. Study selection: Randomized controlled trials (RCTs) that explored the effect of acupuncture on fatigue, depression, anxiety, cognitive abnormalities, headache, and insomnia were included. Data extraction and synthesis: RCTs that explored the effect of acupuncture on fatigue, depression, anxiety, cognitive abnormalities, headache, and insomnia were included. A meta-analysis was performed using R software. Heterogeneity was measured using I2. Subgroup analyses were performed focusing on the duration of treatment and acupuncture modalities. The systematic review protocol was registered on PROSPERO (registration number: CRD42022354940). Main outcomes and measures: Widely adopted clinical outcome scales included the Fatigue Scale for assessing fatigue, the Hamilton Depression Rating Scale for evaluating depression, the Mini-Mental State Examination for assessing cognitive impairment, the Visual Analog Scale for headache severity, and the Pittsburgh Sleep Quality Index for measuring insomnia.
Results	A total of 110 RCTs were included in the systematic review and meta-analysis. Overall, acupuncture was found to improve the scores of the Fatigue Scale (vs. medication: mean differences (MD): -2.27, $P < 0.01$; vs. sham acupuncture: MD: -3.36, $P < 0.01$), the Hamilton Depression Rating Scale (vs. medication: MD: -1.62, 95%, $P < 0.01$; vs. sham acupuncture: MD: -9.47, $P < 0.01$), the Mini-Mental State Examination (vs. medication: MD: 1.15, $P < 0.01$; vs. sham acupuncture: MD: 1.20, $P < 0.01$), the Visual Analog Scale (vs. medication: MD: -1.05, $P < 0.01$; vs. waitlist: MD: -0.48, $P=0.04$), and the Pittsburgh Sleep Quality Index (vs. medication: MD: -2.33, $P < 0.01$; vs. sham acupuncture: MD: -4.19, $P < 0.01$).
Conclusion and relevance	This systematic review suggested acupuncture as a potentially beneficial approach for the treatment of neurological and neuropsychiatric symptoms, as assessed using clinical scales, and it may have applicability in long COVID patients. Further well-designed clinical studies specifically targeting long COVID patients are needed to validate the role of acupuncture in alleviating long COVID symptoms.

3.2.2.2. Peng 2024 (acupressure for anxiety)

Peng Z, Zheng Y, Yang Z, Zhang H, Li Z, Xu M, Cui S, Lin R. Acupressure: a possible therapeutic strategy for anxiety related to COVID-19: a meta-analysis of randomized controlled trials. Front Med (Lausanne). 2024 Mar 21;11:1341072. https://doi.org/10.3389/fmed.2024.1341072

Backgound	From the end of 2019 to December 2023, the world grappled with the COVID-19 pandemic. The scope and ultimate repercussions of the pandemic on global health and well-being remained uncertain, ushering in a wave of fear, anxiety, and worry. This resulted in many individuals succumbing to fear and despair. Acupoint massage emerged as a safe and effective alternative therapy for anxiety relief. However, its efficacy was yet to be extensively backed by evidence-based medicine. This study aimed to enhance the clinical effectiveness of acupoint massage and extend its benefits to a wider population. It undertakes a systematic review of the existing randomized controlled trials (RCTs) assessing the impact of acupoint massage on anxiety treatment, discussing its potential benefits and implications. This research aims to furnish robust evidence supporting anxiety treatment strategies for patients afflicted with COVID-19 disease and spark new approaches to anxiety management.
Objectives	This study evaluates the evidence derived from randomised controlled trials (RCTs), quantifies the impact of acupressure on anxiety manifestations within the general population, and proposes viable supplementary intervention strategies for managing COVID-19 related anxiety.
Materials and methods	This review included RCTs published between February 2014 and July 2023, that compared the effects of acupressure with sham control in alleviating anxiety symptomatology as the outcome measure. The studies were sourced from the multiple databases, including CINAHL, EBM Reviews, Embase, Medline, PsycINFO, Scopus and Web of Science. A meta-analysis was performed on the eligible studies, and an overall effect size was computed specifically for the anxiety outcome. The Cochrane Collaboration Bias Risk Assessment Tool (RevMan V5.4) was employed to assess bias risk, data integration, meta-analysis, and subgroup analysis. The mean difference, standard mean deviation, and binary data were used to represent continuous outcomes.
Results	Of 1,110 studies of potential relevance, **39 met the criteria** for inclusion in the meta-analysis. The majority of the studies reported a positive effect of acupressure in assuaging anticipatory anxiety about treatment. Eighteen studies were evaluated using the STAI scale. The acupressure procedures were thoroughly documented, and studies exhibited a low risk of bias. The cumulative results of the 18 trials showcased a more substantial reduction in anxiety in the acupressure group compared to controls (SMD = -5.39, 95% CI -5.61 to -5.17, $p < 0.01$). A subsequent subgroup analysis, based on different interventions in the control group, demonstrated improvement in anxiety levels with sham acupressure in improving changes in anxiety levels (SMD -1.61, 95% CI: -2.34 to -0.87, $p < 0.0001$), and blank controls (SMD -0.92, 95% CI: -2.37 to 0.53, $p = 0.22$).
Conclusion	In the clinical research of traditional Chinese medicine treatment of anxiety, acupressure demonstrated effectiveness in providing instant relief from anxiety related to multiple diseases with a medium effect size. Considering the increasing incidence of anxiety caused by long COVID, the widespread application of acupressure appears feasible. However, the results were inconsistent regarding improvements on physiological indicators, calling for more stringent reporting procedures, including allocation concealment, to solidify the findings.

3.2.2.3. Cordani 2022

Cordani C, Young VM, Arienti C, Lazzarini SG, Del Furia MJ, Negrini S, Kiekens C. Cognitive impairment, anxiety and depression: a map of Cochrane evidence relevant to rehabilitation for people with post COVID-19 condition. Eur J Phys Rehabil Med. 2022 Dec;58(6):880-887.

https://doi.org/10.23736/S1973-9087.22.07813-3

Introduction	Currently, no evidence exists on specific treatments for post COVID-19 condition (PCC). However, rehabilitation interventions that are effective for similar symptoms in other health conditions could be applied to people with PCC. With this overview of systematic reviews with mapping, we aimed to describe the Cochrane evidence on rehabilitation interventions proposed for cognitive impairment, anxiety and depression in different health conditions that can be relevant for PCC.
Evidence acquisition	We searched the last five years' Cochrane Systematic Review (CSRs) using the terms “cognitive impairment,” “depressive disorder,” “anxiety disorder,” their synonyms and variants, and “rehabilitation” in the Cochrane Library. We extracted and summarized the available evidence using a map. We grouped the included CSRs for health conditions and interventions, indicating the effect and the quality of evidence.
Evidence synthesis	We found 3596 CSRs published between 2016 and 2021, and we included 17 on cognitive impairment and 37 on anxiety and depression. For cognitive impairment, we found 7 CSRs on participants with stroke, 3 with cancer, 2 with Parkinson's disease, and one each for five other health conditions. Each intervention improved a different domain, and included exercises, cognitive and attention-specific training, and computerized cognition-based training (from very low to high-quality evidence). For anxiety and depression, we found 10 CSRs including participants with cancer, 8 with stroke, 3 with chronic obstructive pulmonary disease, and 2 or 1 each in 11 other health conditions. Exercise training, physical activity and yoga resulted effective in several pathologies (very low- to moderate-quality evidence). In specific diseases, we found effective **acupuncture**, animal-assisted therapy, aromatherapy, educational programs, home-based multidimensional survivorship programs, manual acupressure massage, memory rehabilitation, non-invasive brain stimulation, pulmonary rehabilitation, and telerehabilitation (very low- to moderate-quality evidence).
Conclusions	These results are the first step of indirect evidence able to generate helpful hypotheses for clinical practice and future research. They served as the basis for the three recommendations on treatments for these PCC symptoms published in the current WHO Guidelines for clinical practice.

4. Clinical Practice Guidelines

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

4.1. Haute Autorité de Santé (HAS, France) 2022 Ø

Réponses rapides dans le cadre de la covid-19 - Symptômes prolongés à la suite d'une Covid-19 de l'adulte - Diagnostic et prise en charge. Haute Autorité de Santé 2022; 29p. URL

L’efficacité des approches alternatives (**acupuncture, auriculothérapie**, ostéopathie, …) n’a pas été évaluée.

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