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Emergency Care

Urgences : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Kim 2013

Kim KH, Lee BR, Ryu JH, Choi TY, Yang GY. the role of acupuncture in emergency department settings: a systematic review. Complement Ther Med. 2013;21(1):65-72. [172746].

Objectives	Patients with non-emergent and non-life threatening conditions often present to the emergency department (ED), which hinders the efficient utilisation of healthcare resources. Acupuncture has frequently been used for such common conditions, although not in the ED context. This study aimed to evaluate the current evidence for acupuncture treatment in the ED and to inform future randomised controlled trials (RCTs) for acupuncture in ED settings.
Methods	Four English databases (MEDLINE, EMBASE, CENTRAL and AMED) were systematically searched to identify studies that tested the effects of acupuncture in ED settings using the search terms of “acupuncture” and “emergency”. Data extraction and the risk of bias assessments were performed by two independent reviewers.
Results	Of the 102 screened studies, **two RCTs** and two uncontrolled observational studies were deemed eligible. Sample sizes ranged from 42 to 100. The conditions treated included various musculoskeletal and non-musculoskeletal symptoms and showed substantial clinical heterogeneity. Acupuncture was delivered in conjunction with standard medical care with the goal of immediate pain alleviation; in one RCT, acupuncture resulted in a positive outcome, but it did not in the other. The risk of bias was generally high or unclear. Uncontrolled studies reported beneficial effects for acupuncture, although these studies were prone to bias. Two studies reported mild and transient adverse events associated with acupuncture.
Conclusions	**The current evidence is insufficient to make any recommendations** concerning the use of acupuncture in the ED. The effectiveness and safety as well as the feasibility of acupuncture should be tested in future RCTs.

1.2. Special Acupuncture Techniques

1.2.1. Battlefield Acupuncture

1.2.1.1. Yang 2026

Yang J, Zhou X, Lim KH, Barnett HJ, Weinman AF, Woods JT, Mohabbat AB, Wahner-Roedler DL, Chon TY, Bauer BA. The Role of Battlefield Acupuncture in Emergency Department Settings: A Systematic

Review of Randomized Controlled Trials. J Integr Complement Med. 2026;32(9):718-726.
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Objective	Battlefield acupuncture (BFA) has gained widespread clinical use for patients presenting to emergency departments (EDs). This systematic review of randomized controlled trials (RCTs) aims to assess the efficacy and safety of BFA in ED settings.
Methods	A literature search was conducted in OVID and Scopus databases for RCTs involving BFA applied in ED settings. The risk of bias was evaluated using the Cochrane Collaboration risk of bias tool, while the methodological quality of RCTs was assessed using the Jadad score. Due to the heterogeneity of the included studies, a qualitative analysis was performed.
Results	**Seven studies involving 758 patients** met the eligibility criteria. Among these, five studies evaluated traditional BFA in conjunction with standard analgesia care, while two studies assessed modified BFA alongside standard care. Most of the included studies were found to have a high risk of bias, leading to an overall classification of low quality according to the Jadad criteria. A descriptive analysis was performed due to heterogeneity in the interventions, observational timepoints, and outcomes reported in the included studies. Positive results were demonstrated in 71% of the studies. The most common conditions documented as the primary ED presentation included back pain, acute abdominal pain, lower extremity pain, neck pain, and acute sore throat. Notably, no severe adverse events were reported.
Conclusion	BFA may offer a safe adjunct to standard care for pain management in ED settings. However, the limited methodological rigor and small number of existing RCTs reduce confidence in the current evidence. Well-designed, robust studies are needed to clarify their effectiveness and support stronger clinical recommendations.

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