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# Unilateral Neglect after Stroke

# Négligence spatiale unilatérale : évaluation de l'acupuncture

## 1. Systematic Reviews and Meta-Analysis

### 1.1. Generic Acupuncture

#### 1.1.1. Lin 2022 ☆☆

Lin S, Guo J, Chen X, Lin N, Li Z, Liu F. Effect of acupuncture on unilateral spatial neglect after stroke: A systematic review and meta-analysis of randomized controlled trials. Geriatr Nurs. 2022 Jul-Aug;46:13-20. https://doi.org/10.1016/j.gerinurse.2022.04.022

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| **Objective** | To systematically evaluate the effects of acupuncture in patients with unilateral spatial neglect (USN) after stroke. |
| **Data sources** | Relevant English- and Chinese- language studies published until 12th February 2022, were retrieved from China National Knowledge Infrastructure (CNKI), Wanfang, China Scientific Journals Database (VIP), SinoMed, PubMed, Cochrane Library, Embase, Web of Science and OVID. |
| **Review methods** | Randomized controlled trials (RCTs) assessing the effects of acupuncture in patients with USN after stroke were included. Two researchers independently identified eligible studies and extracted the data. The methodological quality of the studies was evaluated using the Cochrane Handbook for Systematic Reviews of Interventions v5.1.0. |
| **Results** | **Twelve studies (731 participants)** were included. The meta-analysis found that compared with the control group, acupuncture increased MMSE, BI, MBI, and FMA scores and reduced the USN scores (all $P < 0.05$). These results indicated that acupuncture improved cognitive function, activities of daily living (ADLs), and motor function and relieved the degree of USN in patients with USN after stroke. |
| **Conclusion** | Acupuncture could promote the rehabilitation of cognitive function, ADLs, and motor function and relieve the symptoms of USN in patients with USN after stroke. It may be a good complementary treatment to rehabilitation therapy for USN. |

#### 1.1.2. Young 2022 ⊗

Young VM. How effective and safe are non-drug treatments for spatial neglect following non-progressive brain injury? A Cochrane Review summary with commentary. NeuroRehabilitation. 2022;51(2):347-350. https://doi.org/10.3233/NRE-228022

Background| Around 30% of stroke survivors experience spatial neglect. Spatial neglect hinders rehabilitation outcomes and increases the risk of injury. Non-pharmacological interventions are available, yet their efficacy is unknown.|

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| **Objective** | To evaluate the effectiveness of non-pharmacological interventions for spatial neglect (inattention) following stroke and other non-progressive brain injuries. |
| **Methods** | A summary of the Cochrane Review by Longley et al. 2020, with comments from a rehabilitation perspective. |
| **Results** | A total of 43 studies were included in meta-analysis and the quality of evidence was very low for all analyses. The benefits or risks associated with each intervention for spatial neglect including visual treatment, prism adaptation training, body awareness, mental function, movement treatment, non-invasive brain stimulation, electrical stimulation, and **acupuncture** remain unclear. |
| **Conclusions** | Evidence in support or against the treatments is sparse and more rigorous studies are needed to evaluate their efficacy. Clinicians should continue to follow current guidelines when available to meet patients' rehabilitation goals. |

### 1.1.3. Longley 2021

Longley V, Hazelton C, Heal C, Pollock A, Woodward-Nutt K, Mitchell C, Pobric G, Vail A, Bowen A. Non-pharmacological interventions for spatial neglect or inattention following stroke and other non-progressive brain injury. Cochrane Database Syst Rev. 2021;7(7):. [221179]. https://doi.org/10.1002/14651858.cd003586.pub4

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| **Background** | People with spatial neglect after stroke or other brain injury have difficulty attending to one side of space. Various rehabilitation interventions have been used, but evidence of their benefit is unclear. |
| **Objectives** | The main objective was to determine the effects of non-pharmacological interventions for people with spatial neglect after stroke and other adult-acquired non-progressive brain injury. |
| **Methods** | Search methods: We searched the Cochrane Stroke Group Trials Register (last searched October 2020), the Cochrane Central Register of Controlled Trials (CENTRAL; last searched October 2020), MEDLINE (1966 to October 2020), Embase (1980 to October 2020), the Cumulative Index to Nursing and Allied Health Literature (CINAHL; 1983 to October 2020), and PsycINFO (1974 to October 2020). We also searched ongoing trials registers and screened reference lists. Selection criteria: We included randomised controlled trials (RCTs) of any non-pharmacological intervention specifically aimed at spatial neglect. We excluded studies of general rehabilitation and studies with mixed participant groups, unless separate neglect data were available. Data collection and analysis: We used standard Cochrane methods. Review authors categorised the interventions into eight broad types deemed to be applicable to clinical practice through iterative discussion: visual interventions, prism adaptation, body awareness interventions, mental function interventions, movement interventions, non-invasive brain stimulation, electrical stimulation, and acupuncture. We assessed the quality of evidence for each outcome using the GRADE approach. |

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| **Main results** | We included 65 RCTs with 1951 participants, all of which included people with spatial neglect following stroke. Most studies measured outcomes using standardised neglect assessments. Fifty-one studies measured effects on ADL immediately after completion of the intervention period; only 16 reported persisting effects on ADL (our primary outcome). One study (30 participants) reported discharge destination, and one (24 participants) reported depression. No studies reported falls, balance, or quality of life. Only two studies were judged to be entirely at low risk of bias, and all were small, with fewer than 50 participants per group. We found no definitive (phase 3) clinical trials. None of the studies reported any patient or public involvement. Visual interventions versus any control: evidence is very uncertain about the effects of visual interventions for spatial neglect based on measures of persisting functional ability in ADL (2 studies, 55 participants) (standardised mean difference (SMD) -0.04, 95% confidence interval (CI) -0.57 to 0.49); measures of immediate functional ability in ADL; persisting standardised neglect assessments; and immediate neglect assessments. Prism adaptation versus any control: evidence is very uncertain about the effects of prism adaptation for spatial neglect based on measures of persisting functional ability in ADL (2 studies, 39 participants) (SMD -0.29, 95% CI -0.93 to 0.35); measures of immediate functional ability in ADL; persisting standardised neglect assessments; and immediate neglect assessments. Body awareness interventions versus any control: evidence is very uncertain about the effects of body awareness interventions for spatial neglect based on measures of persisting functional ability in ADL (5 studies, 125 participants) (SMD 0.61, 95% CI 0.24 to 0.97); measures of immediate functional ability in ADL; persisting standardised neglect assessments; immediate neglect assessments; and adverse events. Mental function interventions versus any control: we found no trials of mental function interventions for spatial neglect reporting on measures of persisting functional ability in ADL. Evidence is very uncertain about the effects of mental function interventions on spatial neglect based on measures of immediate functional ability in ADL and immediate neglect assessments. Movement interventions versus any control: we found no trials of movement interventions for spatial neglect reporting on measures of persisting functional ability in ADL. Evidence is very uncertain about the effects of body awareness interventions on spatial neglect based on measures of immediate functional ability in ADL and immediate neglect assessments. Non-invasive brain stimulation (NIBS) versus any control: evidence is very uncertain about the effects of NIBS on spatial neglect based on measures of persisting functional ability in ADL (3 studies, 92 participants) (SMD 0.35, 95% CI -0.08 to 0.77); measures of immediate functional ability in ADL; persisting standardised neglect assessments; immediate neglect assessments; and adverse events. Electrical stimulation versus any control: we found no trials of electrical stimulation for spatial neglect reporting on measures of persisting functional ability in ADL. Evidence is very uncertain about the effects of electrical stimulation on spatial neglect based on immediate neglect assessments. **Acupuncture versus any control: we found no trials of acupuncture for spatial neglect reporting on measures of persisting functional ability in ADL. Evidence is very uncertain about the effects of acupuncture on spatial neglect based on measures of immediate functional ability in ADL and immediate neglect assessments**. |

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| **Authors' conclusions** | The effectiveness of non-pharmacological interventions for spatial neglect in improving functional ability in ADL and increasing independence remains unproven. Many strategies have been proposed to aid rehabilitation of spatial neglect, but none has yet been sufficiently researched through high-quality fully powered randomised trials to establish potential or adverse effects. As a consequence, no rehabilitation approach can be supported or refuted based on current evidence from RCTs. As recommended by a number of national clinical guidelines, clinicians should continue to provide rehabilitation for neglect that enables people to meet their rehabilitation goals. Clinicians and stroke survivors should have the opportunity, and are strongly encouraged, to participate in research. Future studies need to have appropriate high-quality methodological design, delivery, and reporting to enable appraisal and interpretation of results. Future studies also must evaluate outcomes of importance to patients, such as persisting functional ability in ADL. One way to improve the quality of research is to involve people with experience with the condition in designing and running trials. |

### 1.1.4. Hou 2020

Hou Y, Liu Y, Li M, Ning B, Wen Z, Fu W. Acupuncture plus Rehabilitation for Unilateral Neglect after Stroke: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2020. [207647]. doi

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| **Objectives** | To systematically assess the efficacy of acupuncture combined with rehabilitation on unilateral neglect after stroke. |
| **Methods** | The Cochrane Library, PubMed, Excerpt Medical Database (EMBASE), China National Knowledge Infrastructure (CNKI), China Science and Technology Journal Database (VIP), Chinese Biomedical Literature Database (CBM), and Wan Fang databases were searched online for randomised controlled trials (RCTs) of acupuncture and its effects on unilateral neglect after stroke from their inception to September 2019. RCTs on acupuncture combined with rehabilitation in the experimental group for unilateral neglect compared with rehabilitation alone or rehabilitation plus sham acupuncture in the control group were included. Two authors separately screened the literature, extracted the data, and evaluated the quality of the included studies. Review Manager 5.3 software was used for the data analysis. |
| **Results** | A total of **542 patients from nine RCTs** were included. The meta-analysis showed that the experimental groups could significantly improve Fugl-Meyer Assessment (FMA) (MD = 11.54, 95% CI [9.54, 13.54], P < 0.00001) and the ability of daily living (SMD = 1.35, 95% CI [0.64, 2.07], P < 0.00001) and the ability of daily living (SMD = 1.35, 95% CI [0.64, 2.07], P < 0.00001) when compared with the control groups. However, there was no significant difference in the drop of Catherine Bergego Scale (CBS) and Behavioural Inattention Test-conventional (BIT-C) between the two groups. |
| **Conclusions** | Acupuncture combined with rehabilitation was more effective in improving the motor function and the ability of daily living. Because of the limitations regarding the quantity and quality of the studies in this meta-analysis, high-quality and well-designed RCTs are necessary to validate the above conclusions. |

# 2. Clinical Practice Guidelines

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| ⊕ positive recommendation (regardless of the level of evidence reported)<br>Ø negative recommendation (or lack of evidence) |

## 2.1. American Heart Association/American Stroke Association (AHA, ASA, USA) 2026 Ø

Richards LG, Ifejika NL, Stein J, Bahouth MN, Abshire Saylor M, Barrett AM, Chen P, Deutsch AF, Dusenbury W, Ellis C Jr, Eng J, Fleet J, Ford HR, Grattan ES, Harvey RL, Jones CA, Krishnan C, Kutzle S, Matthews D, Mazwi N, Minga J, Nilsen DM, Noser E, Porter HR, Raghavan P, Rose DK, Skidmore ER, St-Onge MP, Stoykov ME, Schettini AT, Terrill AL, Tirschwell DL, Vilar P, Whitaker-Hilbig A, Zorowitz R; Peer Review Committee. 2026 Guideline for Adult Stroke Rehabilitation and Recovery: A Guideline From the American Heart Association and American Stroke Association. Stroke. 2026 Aug 27. https://doi.org/10.1161/str.0000000000000536

- *Spatial Neglect*: In addition, the treatments below merit further study: [Sensory approaches: **acupuncture** and sound].

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