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Prolonged disorders of consciousness

Troubles prolongés de la conscience

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Xu 2026

Xu C, Yang H, Cai W, Liu Q, Zhang M, Zuo H, Su J, Shu J, Xu Z. Efficacy of non-pharmacological treatments for prolonged disorders of consciousness: a network meta-analysis of randomized controlled trials. Front Neurol. 2026;17:1754777. https://doi.org/10.3389/fneur.2026.1754777

Objective	To explore the efficacy of non-pharmacological treatments such as repetitive transcranial magnetic stimulation (rTMS), transcranial direct current stimulation (tDCS), median nerve stimulation (MNS), hyperbaric oxygen (HBO), and acupuncture in improving the level of consciousness in patients with prolonged disorders of consciousness (pDOC).
Methods	Databases searched: PubMed, Embase, Cochrane Library, Web of Science, CNKI, Wanfang, China Biology Medicine (CBM), and VIP Database from inception to December 2024. Analysis: network meta-analysis using the “coda” and “gemtc” packages in R and STATA 17.0. Quality assessment: Jadad scale for initial screening and Cochrane Risk of Bias 2.0 tool for methodological evaluation of randomized controlled trials.
Results	Thirty-two randomized controlled trials involving 1,770 participants were included. rTMS, tDCS, MNS, HBO, and **acupuncture** were all associated with improvements in Coma Recovery Scale-Revised (CRS-R) scores. The mean difference (MD) ranged from 17.32 (95% CrI: 6.57–104.25) for rTMS to 3.56 (95% CrI: 0.61–40.45) for **acupuncture**. According to SUCRA rankings, rTMS showed the highest probability of being the most effective intervention. In patients with minimally conscious state (MCS), MD ranged from 15.99 (95% CrI: 1.57–66.77) for tDCS to 9.72 (95% CrI: 2.07–61.04) for MNS. In patients with unresponsive wakefulness syndrome (UWS), MD ranged from 18.52 (95% CrI: 2.15–108.73) for rTMS to 4.12 (95% CrI: 0.25–69.30) for **acupuncture**.
Conclusion	rTMS, tDCS, MNS, HBO, and **acupuncture** may improve CRS-R scores and promote recovery of consciousness in patients with prolonged disorders of consciousness. Among these interventions, tDCS may be associated with greater benefits in patients with MCS, whereas rTMS appears to be more effective in patients with UWS.

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