Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Bothe 2006 ∅ 1

Stuttering:

Bégaiement : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture
☆☆	Evidence for effectiveness of acupuncture
☆	Limited evidence for effectiveness of acupuncture
Ø	No evidence or insufficient evidence

1.1. Bothe 2006 Ø

Bothe AK, Davidow JH, Bramlett RE, Ingham RJ. Stuttering treatment research 1970-2005: i. systematic review incorporating trial quality assessment of behavioral, cognitive, and related approaches. Am J Speech Lang Pathol. 2006;15(4):321-41. [144488]

Purpose	To complete a systematic review, with trial quality assessment, of published research about behavioral, cognitive, and related treatments for developmental stuttering. Goals included the identification of treatment recommendations and research needs based on the available high-quality evidence about stuttering treatment for preschoolers, school-age children, adolescents, and adults.
Method	Multiple readers reviewed 162 articles published between 1970 and 2005, using a written data extraction instrument developed as a synthesis of existing standards and recommendations. Articles were then assessed using 5 methodological criteria and 4 outcomes criteria, also developed from previously published recommendations.
Results	Analyses found 39 articles that met at least 4 of the 5 methodological criteria and were considered to have met a trial quality inclusion criterion for the purposes of this review. Analysis of those articles identified a range of stuttering treatments that met speech-related and/or social, emotional, or cognitive outcomes criteria.
Conclusions	Review of studies that met the trial quality inclusion criterion established for this review suggested that response-contingent principles are the predominant feature of the most powerful treatment procedures for young children who stutter. The most powerful treatments for adults, with respect to both speech outcomes and social, emotional, or cognitive outcomes, appear to combine variants of prolonged speech, self-management, response contingencies, and other infrastructural variables. Other specific clinical recommendations for each age group are provided, as are suggestions for future research.
Acupuncture	Oxford grade (levels) : Grade D (one Level 4 study, or maybe unable to be rated using this system). Empirically supported: No: shown ineffective in only research

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Last update: **20 Dec 2020 07:31**