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# Raynaud's phenomonom:

## Syndrome de Raynaud : 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. Zhou 2023

Zhou F, Huang E, Zheng E, Deng J. The use of acupuncture in patients with Raynaud's syndrome: a systematic review and meta-analysis of randomized controlled trials. *Acupunct Med.* 2023 Apr;41(2):63-72. <https://doi.org/10.1177/09645284221076504>

<b>Objective</b>	To assess the effectiveness of acupuncture for the treatment of Raynaud's syndrome by conducting a systematic review and meta-analysis of randomized controlled trials (RCTs).
<b>Methods</b>	Studies were identified from English and Chinese databases from their inception to September 2020. The outcomes of interest were remission incidence, number of daily attacks, incidence of positive cold stimulation tests and incidence of cold provocation tests. We conducted meta-analysis and network meta-analysis using meta and gemtc.
<b>Results</b>	<b>Six trials (n = 272 participants)</b> were included in the meta-analysis. Pairwise meta-analyses show that acupuncture was associated with increased remission incidence (risk ratio (RR) = 1.21, 95% confidence interval (CI) = 1.10 to 1.34), decreased daily number of attacks (weighted mean difference (WMD) = -0.57, 95% CI = -1.14 to -0.01), and increased incidence of positive cold stimulation tests (RR = 1.64, 95% CI = 1.27 to 2.11). There was not enough evidence to associate acupuncture with decreased incidence of positive cold provocation tests. The network meta-analyses did not demonstrate significant results for the effectiveness of any acupuncture treatments (electroacupuncture or manual acupuncture ± moxibustion), compared with controls, in terms of remission incidence or daily number of attacks, possibly due to small sample sizes and a lack of statistical power.
<b>Conclusion</b>	The use of acupuncture may be effective for the treatment of Raynaud's syndrome in terms of increasing remission incidence, decreasing daily number of attacks and increasing incidences of positive cold stimulation tests. However, our findings should be interpreted with caution due to small sample sizes, very low quality of evidence and high risk of bias. Future large-scale RCTs are warranted.

#### 1.2. Huisstede 2011

Huisstede BM, Hoogvliet P, Paulis WD, van Middelkoop M, Hausman M, Coert JH, Koes BW. Effectiveness of interventions for secondary Raynaud's phenomonom: a systematic review. *Arch Phys*

Med Rehabil. 2011;92(7):1166-80. [164725]

<b>Objectifs</b>	To present an evidence-based overview of the effectiveness of (non)surgical symptomatic interventions to treat secondary Raynaud's phenomenon (RP).
<b>Méthodes</b>	DATA SOURCES: The Cochrane Library, PubMed, Embase, PEDro, and CINAHL were searched for relevant systematic reviews and randomized controlled trials (RCTs). STUDY SELECTION: Two reviewers independently applied the inclusion criteria to select potential studies. DATA EXTRACTION: Two reviewers independently extracted data and assessed the methodologic quality.
<b>Résultats</b>	If pooling of data was not possible, a best-evidence synthesis was used to summarize the results. Of the 5 reviews and 19 RCTs included, <b>1 RCT studied acupuncture</b> and another RCT reported on percutaneous radiofrequency thoracic sympathectomy. All others concentrated on the effectiveness of drugs (oral or intravenous [IV]). It appeared that calcium channel blockers significantly reduce the frequency and severity of Raynaud attacks, and are therefore effective in the treatment of secondary RP. Iloprost (oral and IV) was also found to be effective. Limited evidence was found for atorvastatin. For other traditional and more recently discovered interventions, no clear favorable effects were found.
<b>Conclusions</b>	This review shows that there is clear evidence in favor of calcium channel blockers and iloprost (oral and IV) to treat secondary RP. <b>For all other interventions, only limited, conflicting, or no evidence was found.</b> More high-quality, well-designed RCTs are needed in this field, especially for new interventions based on recent knowledge about the pathophysiology of secondary RP.

### 1.3. Malenfant 2009

Malenfant D, Catton M, Pope Je. The efficacy of complementary and alternative medicine in the treatment of raynaud's phenomenon: a literature review and meta-analysis. Rheumatology (Oxford). 2009. 48(7):791-5. [152826].

<b>Background</b>	Conventional treatment for RP is limited due to side effects, and complementary and alternative medicines (CAM) are widely used by the population.
<b>Objective</b>	Our objective was to find an effective and well-tolerated CAM for the treatment of RP.
<b>Methods</b>	Using MEDLINE, EMBASE and AMED, 20 randomized controlled trials (RCTs) were found and divided into nine treatment subcategories: <b>acupuncture (n = 2 trials)</b> , anti-oxidants (n = 2), biofeedback (n = 5), essential fatty acids (n = 3), Ginkgo biloba (n = 1), l-arginine (n = 2), laser (n = 3), glucosaminoglycans (n = 1) and therapeutic gloves (n = 1). Trials in each subcategory were meta-analysed together.
<b>Results</b>	Several categories did not have enough trials to do a meta-analysis and most trials were negative, of poor quality and done prior to 1990. Biofeedback was negative for a change in frequency, duration and severity of RP attacks, and actually favoured control (sham biofeedback; $P < 0.02$ ). The therapeutic glove favoured active treatment ( $P < 0.00001$ ). Laser resulted in one less RP attack on average over 2 weeks vs sham [weighted mean difference (WMD) 1.18; 95% CI 1.06, 1.29], and a change in severity of attacks (WMD 1.98; 95% CI 1.57, 2.39; $P < 0.05$ ). No significant differences were found in the nutritional supplements that were studied.
<b>Conclusions</b>	There is a need for well-designed trials of CAM in RP. <b>The literature is inconclusive</b> except that biofeedback does not work for RP, therapeutic gloves may improve RP (but results may not be generalizable due to single trial site and no intent-to-treat analysis) and laser may be effective but the improvement may not be clinically relevant.

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