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Haemophilia

Hémophilie

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Demeco 2025 (Chronic Pain)

Demeco A, Gusai M, Masi MF, Frizziero A, Costantino C. Acupuncture for Chronic Pain Management in Haemophilic Arthropathy: A Systematic Review. Haemophilia. 2025 Sep;31(5):865-873. https://doi.org/10.1111/hae.70109

Background	Haemophilia is a severe hereditary bleeding disorder affecting ~1 in 5000 males, caused by deficiencies in coagulation factors VIII or IX. Chronic pain from haemophilic arthropathy (HA), especially in target joints, reduces quality of life (HRQOL), range of motion (ROM) and daily function. While conventional treatment includes replacement therapy and rehabilitation, acupuncture has emerged as a complementary approach with potential pain-relief benefits and fewer side effects.
Objective	To evaluate the effectiveness of acupuncture in reducing chronic pain and improving function and quality of life in people with haemophilia (PWH).
Methods	This systematic review followed PRISMA guidelines (PROSPERO: CRD42024567714). Databases searched: PubMed, Scopus, Web of Science. PICO framework: (P) haemophilic patients, (I) acupuncture, (O) pain management. Studies on other coagulation disorders or non-acupuncture therapies were excluded. Methodological quality was assessed using the JBI score.
Results	Of 514 records (464 PubMed, 40 Scopus, 10 Web of Science), 26 duplicates were removed, and 350 titles were screened. Seven met the inclusion criteria; after quality assessment and availability check, four studies were included. A total of 37 patients (mean age 41.4 years) reported meaningful pain reduction (VAS), reduced analgesic use and improved HRQOL. No significant bleeding events were reported.
Conclusion	Acupuncture may provide effective pain relief for haemophilic arthropathy with minimal side effects. However, larger, high-quality studies are needed to confirm its clinical benefits.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported) Ø negative recommendation (or lack of evidence)

2.1. European Association for Haemophilia and Allied Disorders (EAHAD) 2024 Ø

Blokzijl J, Pisters MF, Aspdahl M, de Boer W, Dybvik Matlary RE, Douma-van Riet D, de Kleijn P, Lobet

S, Loughnane P, McLaughlin P, Bladen M, Roche S, Stephensen D, van Vlimmeren L, van Vulpen LFD, Timmer MA; EAHAD physiotherapy committee. A clinical practice guideline for primary care physiotherapy in patients with haemophilia. Haemophilia. 2024 Sep;30(5):1115-1129. https://doi.org/10.1111/hae.15065

Arthropathy: Do not apply other treatment modalities (such as massage, **dry needling/acupuncture**, shockwave, laser) after joint bleeding. These therapies are not supported by scientific evidence, nor are they supported by expert opinion.
Synovitis: Do not apply other treatments (such as massage, **dry needling/acupuncture**, shockwave, laser).
Muscle bleed: Do not apply other treatments (such as **dry needling/acupuncture**, shockwave, laser) after a muscle bleeding.

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