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HIV and AIDS

HIV-SIDA : EVALUATION DE L'ACUPUNCTURE

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Mills 2005 Ø

Mills E, Wu P, Ernst E. Complementary therapies for the treatment of hiv: in search of the evidence. Int J Std Aids. 2005;16(6):395-403. [136515].

Background	The use of complementary and alternative medicine (CAM) is widespread. Yet, little is known about the evidence supporting its use in HIV/AIDS.
Meyhods	We conducted a systematic review of randomized clinical trials assessing the effectiveness of complementary therapies for HIV and HIV-related symptoms. Comprehensive literature searches were performed of seven electronic databases. Data were abstracted independently by two reviewers.
Results	Thirty trials met our predefined inclusion/exclusion criteria: 18 trials were of stress management; five of Natural Health Products; four of massage/therapeutic touch; one of acupuncture ; two of homeopathy. The trials were published between 1989 and 2003. Most trials were small and of limited methodological rigour. The results suggest that stress management may prove to be an effective way to increase the quality of life. For all other treatments, data are insufficient for demonstrating effectiveness.
Conclusions	Despite the widespread use of CAM by people living with HIV/AIDS, the effectiveness of these therapies has not been established. Vis a vis CAM's popularity, the paucity of clinical trials and their low methodological quality are concerning.

1.1.2. Ozsoy 1999 Ø

Ozsoy M Et Al. How effective are complementary therapies for hiv and aids?-a systematic review. Int J Std Aids. 1999;10(10):629-35. [70895].

Objectif	Complementary treatments are often used by HIV-infected individuals. Yet little is known about their effectiveness. The aim of this systematic review was therefore to summarize the published evidence for or against the effectiveness of complementary therapies in HIV-positive people.
Méthod	A comprehensive literature search was conducted to locate all randomized clinical trials (RCTs) of complementary therapies. Data were extracted in a standardized fashion and evaluated critically.

Résultats	Fourteen studies met our pre-defined inclusion/exclusion criteria; 2 of herbal treatments, 5 of vitamins and other supplements, 5 of stress management, one of massage therapy, and one of acupuncture . They fall into 2 broad categories of 'cure' and 'care'. While the former category yields few encouraging results, the latter group of studies is more promising. In particular, stress management may prove to be an effective way to increase the quality of life.
Conclusions	It is concluded that few rigorous trials of complementary treatments for HIV exist. The domain of complementary medicine may lie in the care for HIV-infected individuals with a view of increasing their quality of life. This notion requires further rigorous investigation.

1.2. Special outcome

1.2.1. HIV-related insomnia

1.2.1.1. Meng 2023

Meng J, Zheng C, Wang H, Välimäki M, Wang M. Non-pharmacological interventions for improving sleep in people living with HIV: a systematic narrative review. *Front Neurol.* 2023 Nov 20;14:1017896. <https://doi.org/10.3389/fneur.2023.1017896>

Background	Sleep disturbances are common in people living with Human Immunodeficiency Virus (HIV) and may lead to poor adherence to antiretroviral therapy and worsen HIV symptom severity. Due to the side effects of pharmacotherapy for sleep disturbances, there is more room for non-pharmacological interventions, but knowledge of how these non-pharmacological interventions have been used to improve sleep in people living with HIV (PLWH) is still missing.
Objective	To investigate the content of non-pharmacological interventions, sleep measurements, and the impact of these interventions on improving sleep in PLWH.
Methods	Following PRISMA guidelines, we conducted a systematic search on PubMed, EMBASE, Cochrane Central Registry of Controlled Trials, Cumulative Index to Nursing and Allied Health Literature, Web of Science, China National Knowledge Infrastructure, Wanfang Data, and China Biology Medicine disc. Non-pharmacological interventions for improving sleep in PLWH were included, and study quality was assessed using the Joanna Briggs Institute (JBI) critical appraisal checklists. We performed a narrative approach to synthesize the data to better understand the details and complexity of the interventions.
Results	Fifteen experimental studies in three categories for improving sleep in PLWH were included finally, including psychological interventions (components of cognitive-behavioral therapy for insomnia or mindfulness-based cognitive therapy, n = 6), physical interventions (auricular plaster therapy, acupuncture, and exercise, n = 8), and elemental interventions (speed of processing training with transcranial direct current stimulation, n = 1). Wrist actigraphy, sleep diary, and self-reported scales were used to measure sleep. Psychological interventions and physical interventions were found to have short-term effects on HIV-related sleep disturbances.
Conclusions	Psychological and physical interventions of non-pharmacological interventions can potentially improve sleep in PLWH, and the combination of patient-reported outcomes and actigraphy devices can help measure sleep comprehensively. Future non-pharmacological interventions need to follow protocols with evidence-based dosing, contents, and measures to ensure their sustainable and significant effects.

2. Clinical Practice Guidelines

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

2.1. Infectious Diseases Society of America (IDSA, USA) 2017 ⊕

Bruce RD, Merlin J, Lum PJ, Ahmed E, Alexander C, Corbett AH, Foley K, Leonard K, Treisman GJ, Selwyn P. 2017 HIVMA of IDSA Clinical Practice Guideline for the Management of Chronic Pain in Patients Living With HIV. Clin Infect Dis. 2017;65(10):e1-e37. [192989].

Chronic Pain in Patients Living With HIV. Clinicians might consider a trial of acupuncture for chronic pain (weak, moderate). Values and preferences: This recommendation places a relatively high value on the reduction of symptoms and few undesirable effects. Remark: Evidence to date is available only for acupuncture in the absence of amitriptyline and among PLWH with poorer health in the era before highly active antiretroviral therapy.

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