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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.

1.3. Special Acupuncture Techniques

1.3.1. Moxibustion

1.3.1.1. Kong 2025

Kong L, Zhang X, Wang X, Wang Z, Robinson N, Liu J. Moxibustion for human immunodeficiency virus and acquired immunodeficiency syndrome and its complications: a systematic review of randomized controlled trials. J Tradit Chin Med. 2025;45(6):1201-1214.
https://doi.org/10.19852/j.cnki.jtcm.20250923.001

Objective	To comprehensively evaluate randomized controlled trials (RCTs) investigating the effects of moxibustion on people with human immunodeficiency virus (HIV) disease.
Methods	A systematic search was conducted across eight electronic databases up to August 20, 2024. The primary outcome were all-cause mortality and acquired immunodeficiency syndrome (AIDS)-related mortality. Two authors independently screened titles and abstracts, and extracted data onto a pre-designed datasheet. Discrepancies were resolved through consensus. The Cochrane risk-of-bias tool 2.0 was used to assess methodological quality, Meta-analysis was performed when appropriate, and the quality of evidence was assessed through Grading of Recommendations, Assessment, Development and Evaluations approach.
Results	**Eleven RCTs (n = 834)** on moxibustion for HIV/AIDS were included, focusing on individuals with HIV infection (5 RCTs, n = 426), AIDS patients (3 RCTs, n = 223), or both (3 RCTs, n = 185). Complications identified included diarrhea (5 RCTs), pulmonary infection (1 RCT), anxiety and depression (1 RCT) and peripheral neuropathy (1 RCT). The risk of bias in the included RCTs was assessed as either high or uncertain. No trial reported mortality or the incidence of AIDS-related complications following treatment. Wheat-grain sized cone moxibustion was associated with increased CD4+ counts in patients with lung infections [1 RCT, n = 36, mean difference (MD) = 78.83 cells/μL]. Individual studies reported improvements of quality of life, as measured by the World Health Organization Quality of Life-Brief Version (WHOQOL-BREF) and WHOQOL HIV instrument, with various moxibustion types, but clinical heterogeneity prevented data pooling. Additionally, some studies reported symptom improvement, each using different criteria for symptom improvement. Moxa stick moxibustion plus Western Medicine compared with Western Medicine alone showed a non-significant trend towards improved symptom resolution [2 RCTs, n = 125, risk ratio = 1.19, 95% confidence interval (0.99, 1.43)]. Moxibustion plus antiretroviral therapy (ART) may reduce gastrointestinal adverse events compared to ART alone [1 RCT, n = 100 14% vs 32%, P < 0.05]. The quality of evidence was low to very low.
Conclusion	This systematic review suggests that moxibustion as an adjunct therapy may have potential benefits in improving immune function and quality of life for HIV/AIDS patients. Limited quality of evidence precludes definitive conclusions, and further high-quality research is needed.

2. Clinical Practice Guidelines

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