# Table des matières

# COVID-19

## 3. Systematic Reviews and Meta-Analysis

### 3.1. Generic acupuncture

### 3.2. Specific conditions

#### 3.2.1. Dysphagia, dysphonia and olfactory disease

##### 3.2.1.1. Cordani 2022

Cordani C, Battel I, Del Furia MJ, Lazzarini SG, Negrini S, Arienti C. Dysphagia, dysphonia and olfactory disease: a map of Cochrane evidence relevant to rehabilitation for people with post COVID-19 condition. Eur J Phys Rehabil Med. 2022 Dec;58(6):875-879.
https://doi.org/10.23736/S1973-9087.22.07811-X

| | |
|---|---|
| **Introduction** | Currently, no evidence exists on specific treatments for post COVID-19 condition (PCC). However, rehabilitation interventions that proved effective for similar symptoms in other health conditions could be applied to people with PCC. With this overview of systematic reviews with mapping, we aimed to describe the Cochrane evidence on rehabilitation interventions proposed for dysphagia, dysphonia and olfactory dysfunction in different health conditions that can be relevant for PCC. |
| **Evidence acquisition** | We searched the last five years' Cochrane Systematic Review (CSRs) using the terms “dysphagia,” “swallowing disorder,” “dysphonia,” “voice disorder,” “olfactory dysfunction,” “smell changes” and “rehabilitation” in the Cochrane Library. We extracted and summarized the available evidence using a map. We grouped the included CSRs for health conditions and interventions, indicating the effect and the quality of evidence. |
| **Evidence synthesis** | We found 170 CSRs published between 2016 and 2021 and 1 was included. It provided data on dysphagia in acute and subacute stroke. Interventions included were **acupuncture**, neuromuscular electrical stimulation, transcranial magnetic stimulation and behavioral interventions, and swallowing therapy, with very low- to moderate-quality evidence. We did not find any CSR on dysphonia and olfactory disease. |
| **Conclusions** | These results are the first step of indirect evidence able to generate helpful hypotheses for clinical practice and future research. They served as the basis for the three recommendations on treatments for these PCC symptoms published in the current WHO Guidelines for clinical practice. |

#### 3.2.2. Neurological and neuropsychiatric symptoms

##### 3.2.2.1. Lam 2024

Lam WC, Wei D, Li H, Yao L, Zhang S, Lai MXY, Zheng Y, Yeung JWF, Lau AYL, Lyu A, Bian Z, Cheung

AM, Zhong LLD. The use of acupuncture for addressing neurological and neuropsychiatric symptoms in patients with long COVID: a systematic review and meta-analysis. Front Neurol. 2024 Jul 19;15:1406475. https://doi.org/10.3389/fneur.2024.1406475

| | |
|---|---|
| **Importance** | Acupuncture has been used to treat neurological and neuropsychiatric symptoms in China and other parts of the world. These symptoms, such as fatigue, headache, cognitive impairment, anxiety, depression, and insomnia, are common in people experiencing long COVID. |
| **Objective** | This study aims to explore the feasibility of acupuncture in the treatment of neurological and neuropsychiatric symptoms in long COVID patients. |
| **Method** | Data sources: A systematic search was conducted in four English and four Chinese databases from inception to 23 June 2023. Literature selection and data extraction were conducted by two pairs of independent reviewers. Study selection: Randomized controlled trials (RCTs) that explored the effect of acupuncture on fatigue, depression, anxiety, cognitive abnormalities, headache, and insomnia were included. Data extraction and synthesis: RCTs that explored the effect of acupuncture on fatigue, depression, anxiety, cognitive abnormalities, headache, and insomnia were included. A meta-analysis was performed using R software. Heterogeneity was measured using I2. Subgroup analyses were performed focusing on the duration of treatment and acupuncture modalities. The systematic review protocol was registered on PROSPERO (registration number: CRD42022354940). Main outcomes and measures: Widely adopted clinical outcome scales included the Fatigue Scale for assessing fatigue, the Hamilton Depression Rating Scale for evaluating depression, the Mini-Mental State Examination for assessing cognitive impairment, the Visual Analog Scale for headache severity, and the Pittsburgh Sleep Quality Index for measuring insomnia. |
| **Results** | A total of 110 RCTs were included in the systematic review and meta-analysis. Overall, acupuncture was found to improve the scores of the Fatigue Scale (vs. medication: mean differences (MD): -2.27, $P < 0.01$; vs. sham acupuncture: MD: -3.36, $P < 0.01$), the Hamilton Depression Rating Scale (vs. medication: MD: -1.62, 95%, $P < 0.01$; vs. sham acupuncture: MD: -9.47, $P < 0.01$), the Mini-Mental State Examination (vs. medication: MD: 1.15, $P < 0.01$; vs. sham acupuncture: MD: 1.20, $P < 0.01$), the Visual Analog Scale (vs. medication: MD: -1.05, $P < 0.01$; vs. waitlist: MD: -0.48, $P=0.04$), and the Pittsburgh Sleep Quality Index (vs. medication: MD: -2.33, $P < 0.01$; vs. sham acupuncture: MD: -4.19, $P < 0.01$). |
| **Conclusion and relevance** | This systematic review suggested acupuncture as a potentially beneficial approach for the treatment of neurological and neuropsychiatric symptoms, as assessed using clinical scales, and it may have applicability in long COVID patients. Further well-designed clinical studies specifically targeting long COVID patients are needed to validate the role of acupuncture in alleviating long COVID symptoms. |

#### 3.2.2.2. Cordani 2022

Cordani C, Young VM, Arienti C, Lazzarini SG, Del Furia MJ, Negrini S, Kiekens C. Cognitive impairment, anxiety and depression: a map of Cochrane evidence relevant to rehabilitation for people with post COVID-19 condition. Eur J Phys Rehabil Med. 2022 Dec;58(6):880-887. https://doi.org/10.23736/S1973-9087.22.07813-3

| | |
|---|---|
| **Introduction** | Currently, no evidence exists on specific treatments for post COVID-19 condition (PCC). However, rehabilitation interventions that are effective for similar symptoms in other health conditions could be applied to people with PCC. With this overview of systematic reviews with mapping, we aimed to describe the Cochrane evidence on rehabilitation interventions proposed for cognitive impairment, anxiety and depression in different health conditions that can be relevant for PCC. |

| | |
|---|---|
| **Evidence acquisition** | We searched the last five years' Cochrane Systematic Review (CSRs) using the terms “cognitive impairment,” “depressive disorder,” “anxiety disorder,” their synonyms and variants, and “rehabilitation” in the Cochrane Library. We extracted and summarized the available evidence using a map. We grouped the included CSRs for health conditions and interventions, indicating the effect and the quality of evidence. |
| **Evidence synthesis** | We found 3596 CSRs published between 2016 and 2021, and we included 17 on cognitive impairment and 37 on anxiety and depression. For cognitive impairment, we found 7 CSRs on participants with stroke, 3 with cancer, 2 with Parkinson's disease, and one each for five other health conditions. Each intervention improved a different domain, and included exercises, cognitive and attention-specific training, and computerized cognition-based training (from very low to high-quality evidence). For anxiety and depression, we found 10 CSRs including participants with cancer, 8 with stroke, 3 with chronic obstructive pulmonary disease, and 2 or 1 each in 11 other health conditions. Exercise training, physical activity and yoga resulted effective in several pathologies (very low- to moderate-quality evidence). In specific diseases, we found effective **acupuncture**, animal-assisted therapy, aromatherapy, educational programs, home-based multidimensional survivorship programs, manual acupressure massage, memory rehabilitation, non-invasive brain stimulation, pulmonary rehabilitation, and telerehabilitation (very low- to moderate-quality evidence). |
| **Conclusions** | These results are the first step of indirect evidence able to generate helpful hypotheses for clinical practice and future research. They served as the basis for the three recommendations on treatments for these PCC symptoms published in the current WHO Guidelines for clinical practice. |

# 4. Clinical Practice Guidelines

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

## 4.1. Haute Autorité de Santé (HAS, France) 2022 Ø

Réponses rapides dans le cadre de la covid-19 - Symptômes prolongés à la suite d'une Covid-19 de l'adulte - Diagnostic et prise en charge. Haute Autorité de Santé 2022; 29p. URL

L’efficacité des approches alternatives (**acupuncture, auriculothérapie**, ostéopathie, …) n’a pas été évaluée.