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Sjögren's Syndrome

Syndrome de Sjögren : 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. Al Hamad 2019 Ø

Al Hamad A, Lodi G, Porter S, Fedele S, Mercadante V. Interventions for dry mouth and hyposalivation in Sjögren's syndrome: A systematic review and meta-analysis. Oral Dis. 2019;25(4):1027-1047. [204003]. DOI

Objectives	Systematic review with meta-analysis of interventions for dry mouth symptoms and hyposalivation of Sjögren's syndrome (SS).
Materials and methods	We searched MEDLINE, Cochrane Central and EMBASE up to February 2018 for randomized trials of interventions for dry mouth and hyposalivation of SS. The primary outcome was the mean change in xerostomia symptoms. The secondary outcomes included changes in salivary flow and quality of life. We used the Cochrane risk of bias tool for individual studies and the GRADE method to summarize the quality of evidence across studies for the included outcomes.
Results	Thirty-six studies (3,274 patients) were included in the systematic review. Results from the meta-analyses showed high-quality evidence that pilocarpine was superior to placebo in reducing dry mouth symptoms. We found moderate quality of evidence that pilocarpine, rituximab and interferon-alpha were more effective than placebo in increasing salivary flow, with the relevant effect size being large for pilocarpine, and notably smaller for rituximab and interferon-alpha.
Conclusion	Clinicians should be very confident in the beneficial effects of pilocarpine upon dry mouth symptoms of SS and moderately confident that pilocarpine, rituximab and interferon-alpha can have beneficial effects upon salivary flow. Adverse events are common. The use of other treatment modalities cannot be supported on the basis of current evidence.
Acupuncture	the present systematic review suggests that there is no evidence that the use of DMARDs, acupuncture, laser acupuncture, infliximab, etanercept and other interventions (gamma-linolenic acid, dehydroepiandrosterone, omega-3/vit E, nizatidine, a traditional chinese medicine compound) can reduce symptoms of dry mouth or increase salivary flow in individuals with SS.

1.2. Hackett 2015 Ø

Hackett KL, Deane KH, Strassheim V, Deary V, Rapley T, Newton JL, Ng WF. A systematic review of

non-pharmacological interventions for primary Sjögren's syndrome. Rheumatology (Oxford). 2015;54(11):2025-32. [169450].

Objective	To evaluate the effects of non-pharmacological interventions for primary SS (pSS) on outcomes falling within the World Health Organization International Classification of Functioning Disability and Health domains.
Methods	We searched the following databases from inception to September 2014: Cochrane Database of Systematic Reviews; Medline; Embase; PsychINFO; CINAHL; and clinical trials registers. We included randomized controlled trials of any non-pharmacological intervention. Two authors independently reviewed titles and abstracts against the inclusion/exclusion criteria and independently assessed trial quality and extracted data.
Results	A total of 1463 studies were identified, from which 17 full text articles were screened and 5 studies were included in the review; a total of 130 participants were randomized. The included studies investigated the effectiveness of an oral lubricating device for dry mouth, **acupuncture for dry mouth**, lacrimal punctum plugs for dry eyes and psychodynamic group therapy for coping with symptoms. Overall, the studies were of low quality and at high risk of bias. Although one study showed punctum plugs to improve dry eyes, the sample size was relatively small.
Conclusion	Further high-quality studies to evaluate non-pharmacological interventions for PSS are needed.

2. Clinical Practice Guidelines

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

2.1. The British Society for Rheumatology (BSR, UK) 2017 Ø

Price EJ, Rauz S, Tappuni AR, Sutcliffe N, Hackett KL, Barone F, Granata G, Ng WF, Fisher BA, Bombardieri M0, Astorri E, Empson B, Larkin G, Crampton B, Bowman SJ; British Society for Rheumatology Standards, Guideline and Audit Working Group. The British Society for Rheumatology guideline for the management of adults with primary Sjögren's Syndrome. Rheumatology (Oxford). 2017;56(10):1828. [197096].

There is some experimental evidence for both acupuncture and mild electrical stimulation improving salivary flow rates. Published studies are generally small, usually observational and are not specifically looking at patients with SS. There were adverse effects reported with the use of acupuncture, but these were mild and of short duration. There were no reported adverse effects from electrostimulation, with some evidence for improved salivary flow

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