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Anxiety Disorders

Anxiété : évaluation de l'acupuncture

Articles connexes : -Trouble de stress post-traumatique - Troubles obsessionnels compulsifs-conduites thérapeutiques -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Jang 2026

Jang A, Wenninger M, Lee H, Zheng S. Acupuncture for Anxiety: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. J Clin Psychol. 2026;82(4):479-494. https://doi.org/10.1002/jclp.70079

Objective	This systematic review and meta-analysis aim to evaluate the efficacy of acupuncture in reducing anxiety by synthesizing evidence from randomized controlled trials (RCTs).
Methods	A comprehensive search was conducted across six databases-AMED, CINAHL, CENTRAL, Embase, Ovid MEDLINE, and PubMed-for RCTs published in English up to January 22, 2025. Eligible studies included patients with anxiety complications and compared RCTs comparing manual acupuncture (MA) with sham acupuncture (SA) or usual care or wait list control (UC/WLC) were included if anxiety was assessed as the primary outcome using validated measures. SMDs with 95% CIs were calculated using a random-effects model, and heterogeneity was assessed using I^2 and REML. Risk of bias was assessed using the Cochrane Risk of Bias 2.0 (RoB 2) tool.
Results	A total of **20 RCTs with 1462 participants** were included. MA significantly reduced anxiety at post-treatment compared to SA (SMD = -1.06, 95% CI: -1.74 to -0.39, p = 0.0005, I^2 = 94%) and UC/WLC (SMD = -1.35, 95% CI: -2.26 to -0.44, p = 0.00006, I^2 = 59%). The effect was maintained at follow-up when compared to SA (SMD = -0.78, 95% CI: -1.21 to -0.35, p < 0.00001) but not significant compared to UC/WLC (SMD = -0.60, 95% CI: -1.68 to 0.49, p = 0.12). RoB assessment showed low risk in 14 studies, while others had unclear allocation concealment and blinding issues. Seventy-nine adverse events were reported, mainly transient discomfort, minor bleeding, or localized pain, with no severe events.
Conclusion	MA effectively reduces anxiety symptoms in the short term, with effects sustained at follow-up when compared to SA but not UC/WLC. Further research is needed to confirm long-term efficacy and standardize methodologies. Acupuncture remains a promising, safe, and minimally invasive therapy for chronic anxiety.

1.1.2. Jiang 2025 (versus sham acupuncture)

Jiang H, Ma R, Huang Y, Li X, Hao Y. Efficacy of acupuncture versus sham acupuncture on generalized anxiety disorder: a meta-analysis of randomized controlled trials. Front Neurol. 2025 Nov 12;16:1682400. https://doi.org/10.3389/fneur.2025.1682400

Objective	This meta-analysis aimed to evaluate the specific efficacy of acupuncture compared to sham acupuncture in the treatment of generalized anxiety disorder (GAD), beyond nonspecific or placebo effects.
Methods	We systematically searched PubMed, Web of Science, CNKI, WanFang, VIP, Cochrane Library, ClinicalTrials.gov, and EMBASE from inception to October 2025. Randomized controlled trials (RCTs) comparing acupuncture with sham acupuncture in adults diagnosed with GAD were included. Primary outcome was the Hamilton Anxiety Scale (HAMA), with secondary outcomes including Self-Rating Anxiety Scale (SAS), Generalized Anxiety Disorder 7-item scale (GAD-7), Pittsburgh Sleep Quality Index (PSQI), Self-Rating Depression Scale (SDS), cortisol (CORT), and adrenocorticotropic hormone (ACTH). Data were pooled using random- or fixed-effects models based on heterogeneity (I 2). Risk of bias was assessed using the Cochrane tool, and evidence certainty was evaluated via GRADE.
Results	**Fourteen RCTs involving 968 participants** were included. Acupuncture demonstrated significant reductions in HAMA [MD = -2.71, 95% CI (-4.17, -1.25), p = 0.0003], SAS [MD = -9.33, 95% CI (-16.29, -2.36), p = 0.009], GAD-7 [MD = -2.99, 95% CI (-5.52, -0.45), p = 0.02], PSQI [MD = -2.83, 95% CI (-5.37, -0.28), p = 0.03], and SDS [MD = -11.40, 95% CI (-19.89, -2.92), p = 0.008]. Small but significant effects were observed for CORT (SMD = -0.33, p = 0.007) and ACTH (MD = -3.18, p = 0.04). Heterogeneity was high for most outcomes. Evidence certainty was low to very low for patient-reported outcomes and moderate for biomarkers.
Conclusion	Acupuncture is more effective than sham acupuncture in alleviating anxiety symptoms and improving sleep and mood in patients with GAD, though effect sizes are modest and evidence certainty varies. These findings support acupuncture as a potential non-pharmacological option for GAD, yet further high-quality trials are needed to standardize protocols and clarify mechanisms.

1.1.3. Lai 2025

Lai J, Wang Y, Yao X, Yu J, Lu S, Lu J, Liu J. Efficacy of acupuncture for generalized anxiety disorder: a systematic review. Ann Gen Psychiatry. 2025 Nov 28;24(1):73.
https://doi.org/10.1186/s12991-025-00614-5

Background	This systematic review aimed to assess the efficacy and safety of acupuncture for generalized anxiety disorder (GAD), with a particular focus on acupuncture alone and acupuncture combined with medication, compared with medication or sham acupuncture.
Methods	We searched MEDLINE/PubMed, Web of Science, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), China National Knowledge Infrastructure (CNKI), Wanfang Data, VIP Database for Chinese Technical Periodicals, Chinese Biomedical Literature Database (CBM), and ClinicalTrials.gov up to August 31, 2025. Randomized controlled trials (RCTs) of acupuncture for GAD were independently screened and extracted by two reviewers following strict quality assessment. Risk of bias was evaluated using the RoB 2.0 tool, evidence certainty was assessed with the GRADE approach, and meta-analyses were conducted with RevMan 5.3. Subgroup analyses were performed according to comparator type and acupuncture parameters (treatment modality, duration, frequency, and sessions).

Results	A total of **41 RCTs involving 3,209 participants** were included. Meta-analysis showed that acupuncture alone (MD -1.79, 95% CI -2.69 to -0.88; 19 studies) and acupuncture combined with medication (MD -2.26, 95% CI -3.05 to -1.48; 20 studies) were superior to medication alone in reducing Hamilton Anxiety Rating Scale (HAMA) scores. Acupuncture also outperformed sham acupuncture (MD -3.46, 95% CI -4.76 to -2.16; 3 studies). Significant improvements were also observed in total effective rate, Self-Rating Anxiety Scale (SAS) scores, and Clinical Global Impression-Efficacy Index (CGI-EI), with lower rates of adverse events in the acupuncture groups. Subgroup analyses suggested that a treatment duration of 4-6 weeks was associated with better outcomes; for stand-alone acupuncture, a frequency of seven sessions per week was more effective than medication, while for combined therapy, a frequency of 2-4 sessions per week was more effective than medication.
Conclusion	This meta-analysis indicates that acupuncture, either as a monotherapy or in combination with medication, may provide superior efficacy to medication and sham acupuncture, with fewer adverse events. However, most included studies were rated as having “some concerns” in risk of bias by RoB 2.0, and GRADE assessment suggested low or very low certainty of evidence for the primary outcome (HAMA). Egger's test indicated no significant publication bias in HAMA. Further high-quality, large-scale RCTs are required to confirm these findings.

1.1.4. Byrne 2023

Byrne GJ. Interventions for generalized anxiety disorder. Curr Opin Psychiatry. 2023 Mar 1;36(2):134-139. https://doi.org/10.1097/YCO.0000000000000840

Purpose of review	To provide an overview of recently published work on anxiety, focusing on generalized anxiety disorder (GAD) and its treatment.
Recent findings	Self-reported anxiety symptoms were highly prevalent during the COVID-19 global pandemic in both the general population and in selected groups. There remains divided opinion about whether internet-based cognitive behavioural therapy (CBT) is noninferior to face-to-face CBT for GAD. A systematic review of drug treatment for GAD showed efficacy for selective serotonin reuptake inhibitors (SNRIs), agomelatine, and quetiapine. There may be a place for repetitive transcranial magnetic stimulation in the treatment of GAD. There was some evidence of efficacy for complementary therapies, including physical exercise, yoga, **acupuncture**, and Withania somnifera (ashwagandha). However, a systematic review of cannabidiol and tetrahydrocannabinol found insufficient evidence of efficacy in anxiety disorders.
Summary	Antidepressants and quetiapine show efficacy in the treatment of GAD. Internet-based psychological interventions have a place in the treatment of GAD when face-to-face treatment is inaccessible. There is increasing evidence for the use of physical exercise in the management of GAD. Some other complementary therapies, including cannabinoids, require further, methodologically sound, research.

1.1.5. Li 2022

Li M, Liu X, Ye X, Zhuang L. Efficacy of acupuncture for generalized anxiety disorder: A PRISMA-compliant systematic review and meta-analysis. Medicine (Baltimore). 2022 Dec 9;101(49):e30076. https://doi.org/10.1097/MD.0000000000030076.

Background	Generalized anxiety disorder (GAD) tightly traps modern people. Its incidence shows an increased peak during the 2019 novel coronavirus (COVID-19) epidemic. Acupuncture is regarded as an effective way to relieve anxiety symptoms. However, there are still controversies. This study aimed to systematically evaluate the clinical efficacy of acupuncture in patients with GAD.
Methods	Four English and 3 Chinese databases were searched from their inception to January 2022. Only randomized controlled trials (RCTs) in which acupuncture was the main intervention were included. The literature was independently screened and extracted by two investigators. The Cochrane Bias Risk Assessment Tool was used for quality evaluation. Analyses were conducted by RevMan 5.3.0 and STATA 15.0 software. The primary outcome was the Hamilton Anxiety Scale (HAMA). The secondary indicators were the total effective rate, the Self-Rating Anxiety Scale (SAS), and the Treatment Emergent Symptom Scale (TESS).
Results	**Twenty-seven studies** were included with a total of **1782 participants**. The risk of performance bias or reporting bias for most of the included trials was unclear. Combined results showed the acupuncture group had better outcomes in the HAMA score [MD = -0.78, 95%CI (-1.09, -0.46)], the total effective rate [RR = 1.14, 95%CI (1.09, 1.19)], the SAS score [MD = -2.55, 95%CI (-3.31, -1.80)] compared with the control group. Regarding the number of adverse events, the acupuncture group was safer than the control group and scored less grade in the TESS score [MD = -1.54, 95%CI (-1.92, -1.17)].
Conclusions	Acupuncture can effectively relieve the anxiety symptoms of generalized anxiety disorder patients with fewer side effects, but randomized controlled trials with large sample size and high quality are also required to support the result.

1.1.6. Yang 2021

Yang XY, Yang NB, Huang FF, Ren S, Li ZJ. Effectiveness of acupuncture on anxiety disorder: a systematic review and meta-analysis of randomised controlled trials. Ann Gen Psychiatry. 2021;20(1):9. [216808]. doi

Background	A number of studies have shown the positive effects of acupuncture on state anxiety. However, the efficacy of acupuncture in treating anxiety disorder remains unclear. This review and meta-analysis aimed to explore whether acupuncture has a positive effect on anxiety disorder.
Methods	Randomised controlled trials (RCTs) published in English and Chinese were found through various electronic databases, including PubMed, Scopus, the Cochrane Central Register of Controlled Trials, Embase, and the Chinese databases WanFang data, VIP Chinese Sci tech periodical database, and China National Knowledge Infrastructure. The primary outcome variable was extent of anxiety symptoms. The secondary outcomes included side effects and dropout rate. Effect sizes were pooled by random-effects modelling using Rev Man 5.3.
Results	**Twenty RCTs** were included in this systematic review and meta-analysis. All included studies were designed for patients with generalised anxiety disorder (GAD), and 18 studies were published in Chinese. Egger's test showed that the asymmetry of the funnel plot in all studies was not significant (t = - 0.34, p = 0.74). The meta-analysis of anxiety symptoms showed that acupuncture was more effective than the control condition, with a standard mean effect size of - 0.41 (95% CI - 0.50 to - 0.31; p < 0.001), and that acupuncture intervention showed good tolerance and safety in the treatment of anxiety disorder.

Conclusion	Our findings suggest that acupuncture therapy aimed at reducing anxiety in patients with GAD has certain beneficial effects compared to controls. More RCTs with high quality should be conducted to fully understand the role of acupuncture in the treatment of various types of anxiety disorder. The protocol of this review was registered at the Prospero International Prospective Register of Systematic Reviews (Registration ID: PROSPERO 2020CRD42020148536).

1.1.7. Amorin 2018

Amorim D, Amado J, Brito I, Fiuza SM, Amorim N, Costeira C, Machado J. Acupuncture and electroacupuncture for anxiety disorders: A systematic review of the clinical research. Complement Ther Clin Pract. 2018;31:31-37. [144900].

Background	Anxiety disorders are one of the most common mental health concerns with a major contribution to the global burden of disease. When not treated, anxiety can be aggravated to more serious and complicated health problems. Pharmacology and psychotherapy stand for the conventional treatment for anxiety disorders but these present limited efficacy, especially in the case of chronic anxiety, with high relapse rates and often causing adverse side effects. Clinical research studies render acupuncture as a valid treatment therapy for anxiety disorders without significant adverse effects.
Objectives	The objective of this paper is to review the literature on the effectiveness of acupuncture and electroacupuncture for the treatment of patients with anxiety disorders in order to find strong scientific evidence for its regular practice in Western culture.
Methods	The systematic review of the clinical research was focused on published clinical trials (controlled, **randomized and non-randomized**) regarding the treatment of anxiety with acupuncture. Only clinical trials where anxiety was treated as the therapeutic target, and not as a secondary measurement or being associated with other health condition or disease, were considered. Two authors extracted the data independently and exclusion and inclusion criteria were set. The search rendered 1135 papers addressing anxiety as a primary therapeutic target.
Results	After review, 13 papers were identified to match exclusion and inclusion criteria and were selected for this analysis. Methodology, design, and quality of the research were highly variable and are discussed and compared.
Conclusions	Overall, there is good scientific evidence encouraging acupuncture therapy to treat anxiety disorders as it yields effective outcomes, with fewer side effects than conventional treatment. More research in this area is however needed.

1.1.8. Goyatá 2016

Goyatá SL, Avelino CC, Santos SV, Souza Junior DI , Gurgel MD, Terra Fde S. Effects from acupuncture in treating anxiety: integrative review. Rev Bras Enferm. 2016;69(3):602-9. [175778].

Objective	to evaluate the scientific evidence that is available in the literature on the effects of acupuncture for treating anxiety and on the quality of such studies.
Method	the study is an integrative review of CINAHL, LILACS, PUBMED-PICO, SciELO, and The Cochrane Library between 2001 and 2014. Keywords anxiety, acupuncture therapy, acupuncture, and anxiety disorders were combined among themselves to ensure a wide search of primary studies.

Results	among 514 articles, 67 were selected to be fully read and 19 were included. Among these, 11 were found to have strong evidence levels. Among the six articles about randomized clinical studies, five were found to be of reasonable quality. Two studies used acupuncturist nurses to perform their interventions. Its results showed positive and statistically significant effects from using acupuncture for treating subjects with anxiety.
Conclusion	acupuncture seems to be a promising treatment for anxiety; however, there is a need for improving the methodological quality of the research on this field.

1.1.9. Ravindran 2013 ☆

Ravindran AV, Da Silva TL. Complementary and Alternative Therapies as Add-On to Pharmacotherapy for Mood and Anxiety Disorders: A Systematic Review. J Affect Disord. 2013;150(3):707-19. [174008].

Objectives	Depressed and anxious patients often combine complementary and alternative medicine (CAM) therapies with conventional pharmacotherapy to self-treat symptoms. The benefits and risks of such combination strategies have not been fully evaluated. This paper evaluates the risk-benefit profile of CAM augmentation to antidepressants in affective conditions.
Methods	PubMed was searched for all available clinical reports published in English up to December 2012. Data were evaluated based on graded levels of evidence for efficacy and safety.
Results	Generally, the evidence base is significantly larger for depression than for anxiety disorder. In unipolar depression, there is Level 2 evidence for adjunctive sleep deprivation (SD) and Free and Easy Wanderer Plus (FEWP), and Level 3 for exercise, yoga, light therapy (LT), omega-3 fatty acids, S-adenosylmethionine and tryptophan. In bipolar depression, there is Level 1 evidence for adjunctive omega-3s, Level 2 for SD, and Level 3 for LT and FEWP. In anxiety conditions, exercise augmentation has Level 3 support in generalized anxiety disorder and panic disorder. Though mostly well-tolerated, these therapies can only be recommended as third-line interventions due to the quality of available evidence. LIMITATIONS: Overall, the literature is limited. Studies often had methodological weaknesses, with little information on long-term use and on potential drug-CAM interactions. Many CAM studies were not published in English.
Conclusions	While several **CAM therapies show some evidence of benefit as augmentation in depressive disorders, such evidence is largely lacking in anxiety disorders**. The general dearth of adequate safety and tolerability data encourages caution in clinical use
Acupuncture	To summarize, the findings are promising but poor quality and heterogeneity of published studies preclude definitive recommendations for the use of acupuncture augmentation in unipolar depression, bipolar disorder or anxiety disorders.

1.1.10. Errington-Evans 2011 ~

Errington-Evans N. Acupuncture for anxiety. Cns Neurosci Ther. 2011;7:1-8. [156611]

Objectifs	This review aims to examine the volume and quality of the evidence base which supports the use of acupuncture in the treatment of anxiety disorders.
Méthodes	A literature review was conducted using Pubmed, Google scholar, AMED, BMJ, Embase, Psychinfo, Cochrane library, Ingenta connect, and Cinahl databases. Keywords were “anxiety,”“anxious,”“panic,”“stress,”“phobia,” and “acupuncture” limited to year 2000 onwards and English language where available.

Résultats	The quality of research examining the use of acupuncture in the treatment of anxiety disorders is extremely variable. There is enormous variety regarding points used, number of points used in a session, duration of sessions, frequency of treatment and duration of treatment programme. While the generally poor methodological quality, combined with the wide range of outcome measures used, number and variety of points, frequency of sessions, and duration of treatment makes firm conclusions difficult.
Conclusions	Against this, the volume of literature, consistency of statistically significant results, wide range of conditions treated and use of animal test subjects suggests very real, positive outcomes using a treatment method preferred by a population of individuals who tend to be resistant to conventional medicine.

1.1.11. Yue 2009

Yue Shu-Juan, Fu Li-Xin, Lu Yin-Ming. [Systematic Evaluation of Therapeutic Effect of Acupuncture and Medicine for Treatment of Generalized Anxiety Disorder]. Journal of Clinical Acupuncture and Moxibustion. 2009;25(5):42-44. [52538].

Objective	To assess the therapeutic effect of acupuncture on Generalized Anxiety Disorder.
Methods	A systematic evaluation of all relevant randomized controlled trials (RCT) about acupuncture and moxibustion treatment of depression was carried out by the study methods of evidence - based medicine. The data were statistically analyzed with a special analysis software RevMan 4.2.
Results	**Three papers of RCT** met the enrolled criteria. Meta-analysis indicated that the effective rate was no significant difference between the acupuncture treatment and medication, and acupuncture treatment is better than Amitriptyline in improvement of HAMA scores, but no significant differences as compared with other drags.
Conclusion	Both acupuncture and medication possibly are effective for depression with good safety. However, because of lower methodological quality of the trials, this conclusion needs further be confirmed.

1.1.12. Ma 2007 ☆

Ma Tieming, Bai Zenghua, Ren Lu, Liu Xulai. [Meta-analysis on the effect of acupuncture treatment on anxiety]. Chinese Journal of Information on Traditional Chinese Medicine. 2007;2:101-103. [186951].

Objectives	To assess the effectiveness of the acupuncture treatment on anxiety compared with non-acupuncture intervention.
Methods	All of the randomized or quasi-randomized trials involving were reviewed systemantically with the Meta-analysis method. The homogeneity test was mode, the standandised mean difference (95% CI) and add risk (OR, 95% CI) were tested.
Results	Homogeneity test was made among the trials and no significant difference between the acupucture and non-acupuncture groups. Fixed effect model was used. ORP =1. 759 419 579, 95% CI (1. 336 391, 2. 316 356), there was significant difference between the acupuncture group and medicine group as the interventions used to treat anxiety while there was no difference between the two group on the influence in HAMA.
Conclusions	The Meta-analysis results was a **trend in favor of acupuncture effectiveness**. It seems no serious adverse reactions have been found. But there was no sufficient reliable evidence due to the low quality of the trials and possible publication bias. Further randomized, double blind controlled trials are needed.

1.1.13. Pilkington 2007

Pilkington K, Kirkwood G, Rampes H, Cummings M, Richardson J. Acupuncture for anxiety and anxiety disorders–a systematic literature review. Acupunct Med. 2007. 25(1-2):1-10. [146405].

Introduction	The aim of this study was to evaluate the evidence for the efficacy of acupuncture in the treatment of anxiety and anxiety disorders by systematic review of the relevant research.
Methods	Searches of the major biomedical databases (MEDLINE, EMBASE, ClNAHL, PsycINFO, Cochrane Library) were conducted between February and July 2004. Specialist complementary medicine databases were also searched and efforts made to identify unpublished research. No language restrictions were imposed and translations were obtained where necessary. Study methodology was appraised and clinical commentaries obtained for studies reporting clinical outcomes.
Results	Twelve controlled trials were located, of which **10 were randomised controlled trials** (RCTs). Four RCTs focused on acupuncture in generalised anxiety disorder or anxiety neurosis, while six focused on anxiety in the perioperative period. No studies were located on the use of acupuncture specifically for panic disorder, phobias or obsessive-compulsive disorder. In generalised anxiety disorder or anxiety neurosis, it is difficult to interpret the findings of the studies of acupuncture because of the range of interventions against which acupuncture was compared. All trials reported positive findings but the reports lacked many basic methodological details. Reporting of the studies of perioperative anxiety was generally better and the initial indications are that acupuncture, specifically auricular acupuncture, is more effective than acupuncture at sham points and may be as effective as drug therapy in this situation. The results were, however, based on subjective measures and blinding could not be guaranteed.
Conclusions	**Positive findings are reported for acupuncture in the treatment of generalised anxiety disorder or anxiety neurosis** but there is currently insufficient research evidence for firm conclusions to be drawn. No trials of acupuncture for other anxiety disorders were located. **There is some limited evidence in favour of auricular acupuncture in perioperative anxiety**. Overall, the promising findings indicate that further research is warranted in the form of well designed, adequately powered studies.

1.2. Special Acupuncture Techniques

1.2.1. Kwon 2018 (¤Yintang Acupoint)

Kwon CY, Lee B. Acupuncture or Acupressure on Yintang (EX-HN 3) for Anxiety: A Preliminary Review. Medical Acupuncture. 2018;30(2):73-79. [154902].

Background	Anxiety is a very common psychiatric symptom and can also occur in many physical conditions. Due to the limitations of conventional pharmacotherapy, the discovery of nonpharmacologic treatments that alleviate anxiety effectively is clinically important. Yintang (EX-HN 3), an acupoint located between the eyebrows, is known to have a mentally stabilizing effect in Traditional Chinese Medicine.

Objectives	This preliminary review was conducted to investigate the current state of studies using acupressure or acupuncture on EX-HN 3 alone for anxiety, and to explore ways to apply this in clinical settings and future research, including systematic reviews and clinical trials. Materials and Methods: The authors searched 2 electronic medical databases, including PubMed and China National Knowledge Infrastructure, up to December 7, 2017, to collect clinical studies that used acupuncture or acupressure on EX-HN 3 only to relieve anxiety. Methodological qualities of included randomized controlled trials (RCTs) were assessed by the Cochrane risk-of-bias tool and a Jadad scale.
Results	Five RCTs were included. Most of the RCTs were aimed at preoperative participants. In this population, the reduction of self-reported anxiety was consistently significant.
Conclusions	Acupuncture or acupressure on EX-HN 3 was used mainly to reduce the anxiety of preoperative participants. The simplicity and economics of this intervention suggest the need for future rigorous clinical trials or systematic reviews on this topic. In addition, more experimental studies should be conducted to identify the underlying mechanisms of this anxiolytic effect.

Acupression

1.2.2. Au 2015

Au DW, Tsang HW, Ling PP, Leung CH, Ip PK, Cheung WM. Effects of acupressure on anxiety: a systematic review and meta-analysis. Acupunct Med. 2015. 33(5):353-9. [182989].

Objective	To evaluate the evidence from randomised controlled trials (RCTs) and quantify the effects of acupressure on anxiety among adults.
Methodology	RCTs published between January 1997 and February 2014, comparing acupressure with sham control, were identified from the databases Science Citation Index/Social Sciences Citation Index, Scopus, PubMed and PsycINFO. Meta-analysis of eligible studies was performed and the magnitude of the overall effect size was calculated for the anxiety outcome. Revised STRICTA (the Standards for Reporting Interventions in Clinical Trials of Acupuncture) criteria were used to appraise the acupressure procedures, and the Cochrane risk of bias tool was used to assess the methodological quality of the studies.
Results	Of 39 potentially relevant studies, **seven RCTs met the inclusion criteria** for review while five studies met the criteria for meta-analysis. All studies reported the positive effect of acupressure on relieving anxiety from the anticipation of surgery or treatment. EX-HN3 (Yintang), HT7 (Shenmen) were the commonest points selected and two studies used bilateral points. The acupressure procedure was generally well reported and studies had a low risk of bias. The combined results of the five trials showed a greater overall reduction in anxiety in the acupressure group than in the sham controls (standardised mean differences (SMD)=-1.11; 95% CI -1.61 to -0.61; $p<0.0001$ heterogeneity: $I2=75\%$; $\chi2=16.17$; $p=0.003$; $r=0.485$).
Conclusions	**Acupressure seems to be effective in providing immediate relief of pretreatment anxiety among adults, and has a medium effect size**. However, conflicting results were found for the improvements on physiological indicators. More rigorous reporting, including allocation concealment procedure, is needed to strengthen the results.

1.3. Auricular acupuncture

1.3.1. Choi 2025

Choi S, Kim B. Effect of Auriculotherapy on Stress: A Systematic Review and Meta-Analysis. J Holist Nurs. 2025 Dec;43(4):336-353. https://doi.org/10.1177/08980101241257138

Background	Auriculotherapy, a form of therapy that involves stimulating specific points on the ear auricle, has garnered attention for its potential in holistic stress management in adults, aligning with broader patient-centered therapeutic approaches.
Objective	The aim of this study was to evaluate the effectiveness of auriculotherapy for stress relief in adults.
Methods	A comprehensive search of nine databases (PubMed, Scopus, CINAHL, Web of Science, Ovid Medline, Cochrane Library, RISS, KMbase, and KISS) was performed, yielding 553 studies. Of these, 12 were selected for meta-analysis based on the inclusion criteria, which considered demographic data, types of auriculotherapy, intervention characteristics, auricular points, and stress-related outcomes. The risk of bias was also evaluated for each selected study.
Results	The meta-analysis results (n = 12) indicated that auriculotherapy was significantly superior to the control group in terms of subjective stress index, blood pressure, heart rate variability, and pulse rate, as well as improving low-frequency (LF) and high-frequency (HF) heart rate components and their ratio (LF/HF) in adults. Additionally, the subgroup analysis indicated a trend where the effect size of acupressure may be larger than that of acupuncture.
Conclusion	Our findings underscore auriculotherapy's efficacy in reducing stress in adults, advocating for its integration into nursing curriculums as a viable clinical intervention for stress management. Promoting its application in clinical environments could complement holistic, patient-centric care paradigms.

1.3.2. Hu 2024

Hu N, Soh KL, Japar S, Li T. Ear-Marking Relief: A Meta-Analysis on the Efficacy of Auricular Acupressure in Alleviating Anxiety Disorders. Complement Med Res. 2024;31(3):266-277. https://doi.org/10.1159/000537734

Background	The increasing worldwide mental health crisis, notably anxiety, emphasizes the urgency for available and effective interventions. Traditional therapies, although beneficial, pose limitations due to their considerable costs and possible adverse effects, thereby inviting alternative treatments such as auricular acupressure (AA). This non-pharmacological, integrative method, underpinned by Eastern and Western medical principles, presents a significant prospect for managing anxiety.
Objective	This study aims to evaluate the existing evidence on the efficacy of AA in reducing anxiety, as elucidated through a systematic review.
Methods	A comprehensive search of randomized controlled trials was conducted across various databases: the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, EMBASE, Web of Science, Chinese National Knowledge Infrastructure (CNKI), China Biology Medicine (CBM), Wan Fang, and Database for Chinese Technical Periodicals (VIP). Two reviewers retrieved the pertinent studies and assessed their methodological quality. A meta-analysis was then conducted, incorporating data from all relevant time points.

Results	Upon examining 25 studies encompassing 1,909 participants, it was discerned that AA significantly diminished anxiety (SMD = -1.1074; 95% confidence interval, -1.348 to -0.801; z = 7.70, p < 0.01). Subgroup analyses indicated that neither an increased number of auricular points nor extended intervention augmented effects. Larger effect sizes were associated with probing and avoidance of sham acupressure. Notably, 23 of the 25 studies exhibited some bias, suggesting further research is necessary.
Conclusions	The extant evidence advocates for AA as an effective supplementary intervention that reduces patient anxiety. The results hint at a potential placebo effect elicited by sham acupressure, necessitating rigorous control group definitions in future inquiries. The study findings suggest that fewer acupressure points and shorter intervention durations could effectively alleviate anxiety symptoms. Nonetheless, the significant heterogeneity across the studies underscores the requirement for more stringent research methodologies to substantiate these conclusions.

1.4. Special Clinical Forms

1.4.1. Anxiety and Depression in Pregnancy

see corresponding item

1.4.2. Anxiety and/or depression during IVF

see corresponding item

1.4.3. Medical Procedures Anxiety

1.4.3.1. Weisfeld 2021

Weisfeld CC, Turner JA, Bowen JI, Eissa R, Roelk B, Ko A, Dunleavy K, Robertson K, Benfield E. Dealing with Anxious Patients: An Integrative Review of the Literature on Nonpharmaceutical Interventions to Reduce Anxiety in Patients Undergoing Medical or Dental Procedures. Journal of Alternative and Complementary Medicine. 2021;27(9):727-737. [223071].https://doi.org/10.1089/acm.2020.0505

Objectives	A previous systematic literature review (SLR) evaluated 501 experiments on reducing patient anxiety across medical and dental environments. This integrative review examines those interventions and explores possible mechanisms leading to relative success or failure within those environments, in the interest of interprofessional education and communication.
Methods	Reviewers evaluated 501 experiments testing interventions for reducing patient anxiety in a variety of medical and dental health care settings. Methodology for the SLR, largely following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, is briefly reviewed.

Results	A total of 501 experiments (from 408 articles) met review criteria. One hundred and forty-three Music experiments were included, and Music interventions were largely effective, except in the case of colonoscopy. Education is the only intervention that occasionally (5 times of 130 experiments) raised patient anxiety in the face of a procedure; the discussion focuses on the wisdom of assessing patient need for information. Thirty-seven Cognitive Behavioral Therapy (CBT) experiments of various types are included, with a success rate of 89%, with a particularly high rate of success (12 of 12 experiments) in dentistry. Massage has a success rate that is similar to that of CBT, but Massage has been tested in far fewer specialty areas. Relaxation has been tested in every specialty area, except mechanical ventilation, with promising results. **Acupuncture and Acupressure have not been widely tested, but their effectiveness rate is 100% when it comes to reducing patient anxiety in various procedural settings**. Similarly, experiments show Hypnosis to be successful in 90% of trials. In contrast, Distraction was successful in only 40% of the experiments summarized, although it was more effective in dentistry. A variety of Nature-based Interventions (Aromatherapy, Nature Sounds, and Visual Stimuli) were highly successful across a variety of settings.
Discussion	Possible mechanisms are discussed, along with commentary on feasibility. Limitations include publication bias, small sample sizes, and the lack of placebo controls. Future areas of research are pointed out.

1.4.4. Preoperative Anxiety

See corresponding item

1.4.5. Dental Anxiety

See corresponding item

1.4.6. Cardiac Neurosis / Névrose cardiaque

1.4.6.1. Li 2020

Li TL, Li B, Pu FL, Zhao GZ, Yang HX, Gong XH, Wang X. [Clinical effect and safety of acupuncture in treatment of cardiac neurosis:a systematic review and meta-analysis]. Acupuncture Research. 2020;45(5):419-25. [209616].

Objective	To systematically evaluate the clinical effect and safety of acupuncture in the treatment of cardiac neurosis.
Methods	Chinese databases (including SinoMed, VIP, CNKI, and Wanfang Data) and English databases (including PubMed and The Cochrane Library) were searched for randomized controlled trials (RCTs) on acupuncture in the treatment of cardiac neurosis published up to March 2019. Two reviewers independently screened the literature, extracted data, and assessed the risk of bias of included studies, and then RevMan 5.3 was used to perform a meta-analysis.

Results	A total of 7 RCTs were included, with 491 patients with cardiac neurosis. The results of the meta-analysis showed that compared with the conventional western medicine group, the acupuncture group had a significantly higher total effective rate (risk ratio [RR]=1.16, 95% CI[1.05,1.28], P=0.005) and had significantly greater improvements in Hamilton Anxiety Scale score (mean difference [MD]=-3.22, 95% CI[-6.05, -0.39], P=0.03). There were no significant differences between the two groups in Hamilton Depression Scale score (MD=-1.92, 95% CI[-4.76, -0.91], P=0.18)[traditional Chinese medicine symptom score (MD=-5.49, 95% CI[-11.55, 0.56], P=0.08), somatization symptom score (MD=-0.91, 95% CI[-3.28, 1.46], P=0.45), and adverse reactions (RR=0.67, 95% CI[0.26,1.78], P=0.42).
Conclusion	Acupuncture can alleviate the symptoms and is safe in the treatment of cardiac neurosis.

1.4.7. Anxiety and depression in functional dyspepsia

1.4.7.1. Xu 2024

Xu Z, Zhang X, Shi H, Liang M, Ning F, Wang Q, Jia H. Efficacy of acupuncture for anxiety and depression in functional dyspepsia: A systematic review and meta-analysis. PLoS One. 2024 Mar 7;19(3):e0298438. https://doi.org/10.1371/journal.pone.0298438

Objective	To assess the effectiveness of acupuncture for treating depression and anxiety in patients diagnosed with functional dyspepsia (FD).
Methods	PubMed, Embase, Cochrane Library, Web of Science, CNKI, Wanfang Data, Sinomed, and VIP Database were searched until April 30, 2023 for Randomized Controlled Trials (RCTs) comparing acupuncture to placebo or drugs for symptom alleviation. Two independent reviewers conducted the study search, data extraction, and bias risk assessment using the Cochrane Risk of Bias tool. Mean difference (MD), risk ratio (RR), and corresponding 95% confidence intervals (CI) were computed. Subgroup and sensitivity analyses were also performed. The Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system was employed to evaluate the evidence level.
Results	A total of **16 RCTs involving 1315 participants** were included. Acupuncture demonstrated marked superiority over placebo (MD = -7.07, 95%CI: -11.03 to -3.10, very low quality evidence) in mitigating Self-Rating Anxiety Scale (SAS) scores and was found to be more effective in reducing Self-Rating Depression Scale (SDS) scores than either placebo (MD = -4.63, 95%CI: -6.28 to -2.98, low quality evidence) or first-line drugs (MD = -2.71, 95%CI: -5.19 to -0.23, very low quality evidence). In terms of attenuating Hamilton Anxiety Rating Scale (HAMA) and Hamilton Depression Rating Scale (HAMD) scores, acupuncture consistently outperformed both placebo (HAMA: MD = -2.58, 95%CI: -4.33 to -0.83, very low quality evidence; HAMD: MD = -1.89, 95%CI: -3.11 to -0.67, low quality evidence) and first-line drugs (HAMA: MD = -5.76, 95%CI: -10.18 to -1.35, very low quality evidence; HAMD: MD = -5.59, 95%CI: -7.59 to -3.59, very low quality evidence). However, no significant difference was observed between acupuncture and placebo in terms of improvement in Hospital Anxiety and Depression Scale (HADS) scores.
Conclusions	Based on current clinical evidence, acupuncture might have a positive effect on depression and anxiety in patients with FD. Further large-sample, multi-center, high-quality RCTs validation are required, as the conclusion is limited by the quantity and quality of the included studies.

1.4.8. Parkinson's disease anxiety

1.4.8.1. Chen 2025

Chen L, Xu HX, Wang ZQ, Li GN, Wu LY, Huang Y, Wu HG, Zhou JH. Effectiveness and safety of acupuncture for Parkinson's disease anxiety: a systematic review and meta-analysis. Front Aging Neurosci. 2025 Oct 15;17:1663059. https://doi.org/10.3389/fnagi.2025.1663059

Background	Background: Individuals with Parkinson's disease (PD) commonly experience anxiety, with a prevalence of 31%. This study systematically evaluates the efficacy and safety of acupuncture for anxiety related to PD.
Methods	Method: Nine databases were searched for randomized controlled trials (RCTs) published from inception to August 24, 2025. RCTs comparing acupuncture and moxibustion treatments (with or without other therapies, e.g., western medicine, routine care, sham acupuncture) to other therapies alone for managing PD anxiety were included. Data were analyzed using the R software (version 4.5.1). In accordance with PRISMA-2020 guidelines, two reviewers independently extracted data and assessed the risk of bias using the Cochrane risk of bias tool (ROB 2.0). The certainty of the evidence was graded using the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) according to GRADE handbook.
Results	Results: A total of 10 studies were included, comprising 1,000 patients with anxiety after PD. The meta-analysis indicated that, compared to the control group, the acupuncture group showed significant improvements in HAMA and SAS scores (SMD = -3.64, 95% CI [-5.06 to -2.23]; SMD = -7.76, 95% CI [-10.10 to -5.41]), as well as significant improvements in HAMD and SDS scores (SMD = -2.93, 95% CI [-4.25 to -1.60]; SMD = -8.35, 95% CI [-8.88 to -7.82]). The reported adverse events related to acupuncture were minimal and less severe.
Conclusion	Conclusion: Acupuncture can successfully reduce anxiety symptoms in PD patients. Additional higher quality randomized controlled trials are required to ascertain the safety and effectiveness of acupuncture as a therapy for anxiety in PD patients.

1.4.9. Insomnia in generalized anxiety disorder

1.4.9.1. Zhang 2025

Zhang B, Li Y, Chu W, Li Y, Zhang J, Lv Z, Luo Y, Chen Y. Efficacy of non-pharmacological interventions for alleviating insomnia in individuals with generalized anxiety disorder: systematic evaluation and net meta-analysis. Front Psychiatry. 2025 Oct 31;16:1669888. https://doi.org/10.3389/fpsyt.2025.1669888

Introduction	Anxiety is closely related to sleep, and the two often interact with each other. Generalized anxiety disorder (GAD) is often accompanied by insomnia, but pharmacologic interventions are typically ineffective and cause safety concerns. Despite the potential of non-pharmacological interventions (NIPs), their relative efficacy has not been clarified. The network meta-analysis (NMA) aims to explore the impact of NIPs on alleviating insomnia symptoms in patients with GAD.

Methods and analysis	24 randomized controlled trials (1,953 patients) evaluating 14 NIPs for GAD-related insomnia were utilized in this NMA. This study systematically searched the databases including PubMed, Web of Science, EMBASE, Cochran, CNKI, SinoMed, VIP, and Wanfang. Meanwhile, Bayesian method was employed in conjunction with Markov Chain Monte Carlo (MCMC) simulation. In addition, this study conducted statistical analyses by using R (version 4.4.1) and STATA (version 15.1). Interventions were ranked by standardized mean difference (SMD) and surface under the cumulative ranking curve (SUCRA); study quality was evaluated using the Cochrane Risk of Bias tool (ROB2.0). Sleep quality was assessed with Pittsburgh Sleep Quality Index (PSQI) as well as Insomnia Severity Index (ISI), and anxiety symptoms were measured using Hamilton Anxiety Scale (HAMA) and Self-rating Anxiety Scale (SAS).
Results	Acupuncture (AC) showed the best efficacy in improving sleep quality and alleviating anxiety symptoms. The combination of transcranial magnetic stimulation with psychotherapy (TMS+PT) significantly improved sleep quality and alleviating anxiety symptoms. Other interventions (e.g., relaxation therapy, exercise therapy, etc.) had limited efficacy.
Conclusion	AC and TMS+PT are the best NIPs to improve insomnia and relieve anxiety in GAD patients. In the future, conducting multicenter trials and in-depth mechanistic studies is expected to validate the efficacy and optimize the individualized treatment regimen.

2. Overviews of Systematic Reviews

2.1. Li 2019

Li M, Xing X, Yao L3, Li X, He W , Wang M , Li H , Wang X , Xun Y , Yan P , Lu Z , Zhou B , Yang X , Yang K. Acupuncture for treatment of anxiety, an overview of systematic reviews. Complement Ther Med. 2019;43:247-252. [200317].

Purpose	To evaluate the methodological quality and summarize evidence of important outcomes of systematic reviews (SRs)/Meta analyses (MAs) of acupuncture for anxiety.
Methods	We conducted a comprehensive literature search for SRs/MAs in PubMed, EMBASE, Cochrane library, Chinese Biomedical Databases (CBM), Wanfang database and China National Knowledge Infrastructure (CNKI) until November 30, 2018. Three reviewers independently extracted data and assessed the methodological quality of the reviews according to the Assessing the Methodological Quality of Systematic Reviews 2 (AMSTAR-2), the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) was used to rate the quality of evidence. In the pre-experiment, we used the intra-class correlation coefficient (ICC) to assess reviewer agreement, the ICC value for overall score was 0.978.
Results	Ten reviews were included. The assessment results of AMSTAR-2 showed that the methodological quality of all included studies was critically low. The lowest score were item “provide a list of excluded studies and justify the exclusions” and item “report sources of funding for the included studies”, none of studies provided information about the above two items, followed by the “providing a priori design” item with only two (20%) studies conforming to this item. For GRADE, of the 7 outcomes, high quality evidence was provided in only 1 (14.3%), moderate in 2 (28.6.7%), and low in 4 (57.1%).
Conclusion	Although most of the included reviews indicated that acupuncture group was more effective than control group in the treatment of anxiety, more importantly, the methodological quality of the included reviews and the quality of evidence were low. More high-quality evidence is needed to determine whether acupuncture is more effective than other treatments.

2.2. Sarris 2012

Sarris J, Moylan S, Camfield DA, Pase MP, Mischoulon D, Berk M, Jacka FN, Schweitzer I. Complementary medicine, exercise, meditation, diet, and lifestyle modification for anxiety disorders: a review of current evidence. Evid Based Complement Alternat Med. 2012. [168031].

> Use of complementary medicines and therapies (CAM) and modification of lifestyle factors such as physical activity, exercise, and diet are being increasingly considered as potential therapeutic options for anxiety disorders. The objective of this metareview was to examine evidence across a broad range of CAM and lifestyle interventions in the treatment of anxiety disorders. In early 2012 we conducted a literature search of PubMed, Scopus, CINAHL, Web of Science, PsycInfo, and the Cochrane Library, for key studies, systematic reviews, and metaanalyses in the area. Our paper found that in respect to treatment of generalized anxiety or specific disorders, CAM evidence revealed current support for the herbal medicine Kava. One isolated study shows benefit for naturopathic medicine, whereas **acupuncture,** yoga, and Tai chi have tentative supportive evidence, which is hampered by overall poor methodology. The breadth of evidence does not support homeopathy for treating anxiety. Strong support exists for lifestyle modifications including adoption of moderate exercise and mindfulness meditation, whereas dietary improvement, avoidance of caffeine, alcohol, and nicotine offer encouraging preliminary data. In conclusion, certain lifestyle modifications and some CAMs may provide a beneficial role in the treatment of anxiety disorders.

3. Clinical Practice Guidelines

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

3.1. Anxiety Disorders Association of Canada (ADAC, Canada) 2014 Ø

Katzman MA, Bleau P, Blier P, Chokka P, Kjernisted K, Van Ameringen M et al. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. BMC Psychiatry. 2014;14 Suppl 1. [197155].

A systematic review included four studies of acupuncture in GAD (generalized anxiety disorder) or anxiety neurosis, and while all trials reported positive findings, methodological details were lacking and the authors concluded that there was insufficient evidence to determine efficacy (Level 2).

3.2. Accident Compensation Corporation (ACC, New-Zealand) 2014 Ø

Dara S. Effectiveness of acupuncture in selected mental health conditions , Accident Compensation Corporation (ACC, New-Zealand). 2014. [182119].

There is limited good quality evidence to conclusively determine acupuncture’s efficacy in treatment of mental health conditions such as Major Depressive Disorder, Dysthymia, **Anxiety Disorder**, Borderline Personality Disorder and Post Traumatic Stress Disorder.

3.3. National Collaborating Centre for Mental Health (NCCMH, UK) 2011 Ø

National Collaborating Centre for Mental Health. National Institute for Health and Clinical Excellence: Guidance . Generalised anxiety disorder in adults: management in Primary, secondary and community care. Leicester (UK): British Psychological Society. 2011.
https://www.nice.org.uk/guidance/cg113/evidence/anxiety-full-guidance-pdf-136340461

The results indicate that acupuncture may be of equivalent effectiveness to medication in the treatment of GAD or ‘anxiety neurosis’. It is important to note, however, that these trials use a range of medications as comparison conditions, many of which have uncertain effectiveness in the treatment of GAD. In addition, there are differences between the CCMD diagnoses of GAD and ‘anxiety neuroses’ and the DSM or ICD classification systems, for example, in duration of symptoms required to meet diagnostic criteria. Therefore this is an important limitation of the review. Furthermore, the trials are only medium sized and also of low to moderate quality, which makes it difficult to arrive at a confident conclusion.
From evidence to recommendations Due to the limited evidence base for most interventions reviewed in this section, the GDG concluded that it was not yet possible to generate recommendations on the use of any of these interventions for the treatment of GAD.

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