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obsessive compulsive disorder (ocd)

Troubles obsessionnels compulsifs : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

Yang 2026 Yang J, Liu Z, Liang Z, Jiang X, Jiang X, Xia H. The effect of acupoint stimulation as an adjuvant therapy for obsessive-compulsive disorder: a systematic review and meta-analysis. Front Neurol. 2026;17:1875285. https://doi.org/10.3389/fneur.2026.1875285

Background	Obsessive-compulsive disorder (OCD) is a debilitating psychiatric condition associated with significant functional impairment. Acupoint stimulation (AS), encompassing techniques such as electroacupuncture, acupuncture, and transcutaneous electrical acupoint stimulation, is a widely used therapeutic approach. However, a comprehensive synthesis of evidence regarding its efficacy and safety as an adjunctive therapy for OCD is needed.
Objective	This systematic review and meta-analysis aimed to evaluate the efficacy and safety of AS as an adjunctive treatment for OCD.
Methods	A comprehensive literature search was conducted across seven electronic databases from their inception to February 2026. Randomized controlled trials (RCTs) investigating AS for OCD were included. Two reviewers independently screened records, extracted data, and assessed methodological quality using the Cochrane Risk of Bias tool (ROB 2.0). Statistical analyses were performed using Review Manager 5.4.
Results	This review included **23 RCTs involving 1,713 participants**. Compared with the controls, AS was associated with greater improvement in OCD. It was associated with a statistically significant reduction in obsessive-compulsive symptoms as measured by the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) (MD = -3.14, 95% CI [-4.46, -1.81], $p < 0.00001$) and also associated with improvements in anxiety and Clinical Global Impression (CGI) scores, and other secondary outcomes. The combination of AS with both pharmacotherapy and CBT yielded the largest Y-BOCS reduction among subgroups examined (3 studies; MD -3.50, 95% CI [-4.34, -2.66]; $p < 0.00001$). Regarding safety, the AS group had fewer reported adverse events than medication controls (RR = 0.17, 95% CI [0.06, 0.51], $p < 0.0001$). Subgroup analyses suggested that acupoint prescriptions containing PC6 and a treatment frequency of 20-40 times may be associated with the largest point estimate, though this comparison is exploratory.
Conclusion	This meta-analysis found that AS, whether used alone or as an adjunct to pharmacotherapy or CBT, was associated with a mean reduction of approximately 3.14 points on the Y-BOCS. On a 0-40 scale, with substantial heterogeneity across studies, variable control conditions, and inconsistent methodological quality, this reduction is statistically significant but of uncertain clinical relevance. The evidence does not support a firm conclusion that AS is clinically effective, and the safety data are insufficient to establish AS as safe. Further high-quality trials with standardized protocols are needed.

1.1.1. Sarris 2012

Sarris J, Camfield D, Berk M. Complementary medicine, self-help, and lifestyle interventions for obsessive compulsive disorder (ocd) and the ocd spectrum: a systematic review. J Affect Disord. 2012. 138(3):213-21. [168240].

Background	In Obsessive Compulsive Disorder (OCD) current standard pharmacotherapies may be of limited efficacy. Non-conventional interventions such as Complementary and Alternative Medicine (CAM), self-help techniques, and lifestyle interventions are commonly used by sufferers of OCD, however to date no systematic review of this specific area exists.
Methods	We conducted a systematic review of studies using CAM, self-help, and lifestyle interventions for treatment of OCD and trichotillomania (TTM). PubMed, PsycINFO, China Academic Journals Full-text Database, The Cochrane Library and CINAHL were searched (up to Jan 11th 2011), for controlled clinical trials using non-conventional interventions for OCD. A quality analysis using a purpose-designed scale and an estimation of effect sizes (Cohen's d) where data was available, were also calculated.
Results	The literature search revealed 14 studies that met inclusion criteria. Methodological quality of nutraceutical studies (nutrients and herbal medicines) were rated as high (mean 8.6/10), whereas mind-body or self-help studies were poorer (mean 6.1/10). In OCD, tentative evidentiary support from methodologically weak studies was found for mindfulness meditation (d=0.63), **electroacupuncture (d=1.16),** and kundalini yoga (d=1.61). Better designed studies using the nutrient glycine (d=1.10), and traditional herbal medicines milk thistle (insufficient data for calculating d) and borage (d=1.67) also revealed positive results. A rigorous study showed that N-acetylcysteine (d=1.31) was effective in TTM, while self-help technique “movement decoupling” also demonstrated efficacy (d=0.94). Mixed evidence was found for myo-inositol (mean d=0.98). Controlled studies suggest that St John's wort, EPA, and meridian-tapping are ineffective in treating OCD.
Conclusions	While several studies were positive, these were un-replicated and commonly used small samples. This precludes firm confidence in the strength of clinical effect. Preliminary evidence however is encouraging, and more rigorous research of some of the more hypothesis-based interventions in the treatment of OCD and TTM may be indicated.

2. Clinical Practice Guidelines

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

2.1. Canadian Network for Mood and Anxiety Treatments (CANMAT) and International College of Obsessive-Compulsive Spectrum Disorders (ICOCS) 2026 ⊕

Van Ameringen M, Fineberg NA, Ravindran A, Arnold PD, Beaulieu S, Brakoulias V, Brietzke E, Dowlati Y, Drummond LM, Ferretti CJ, Feusner JD, Freire RCR, Frey BN, Gardiner S, Geller DA, Giacobbe P, Bergmann CG, Grassi G, Greenberg E, Hollander E, Hopkinson P, Kennedy SH, Lam RW, Lochner C, McGuire JF, McQuay S, Menchon JM, Milev R, Minuzzi L, Mojgani J, Mpavaenda DN, Nicolini H, Pallanti S, Pampaloni I, Parikh SV, Patterson B, Ravindran L, Reid J, Rodriguez CI, Samaan Z, Schaffer A, Smigielski L, Taylor VH, Tourjman SV, van Roessel P, Vigod SN, Walitza S, Yatham LN, Zohar J, Zugliani M, Dell'Osso BM. Canadian Network for Mood and Anxiety Treatments (CANMAT) and International

College of Obsessive-Compulsive Spectrum Disorders (ICOCS) 2025 international guidelines for the management of patients with obsessive-compulsive disorder. J Psychiatr Res. 2026 Aug;199:404-488. https://doi.org/10.1016/j.jpsychires.2025.12.039

Transcutaneous Electrical Acupoint Stimulation (TEAS). Level of Evidence: Level 2. Line of Treatment: third line

Supporting evidence:

- Feng B, Zhang ZJ, Zhu RM, Yuan GZ, Luo LY, McAlonan GM, Xu FZ, Chen J, Liu LY, Lv YY, Wong HK, Zhang Y, Zhu LX. Transcutaneous electrical acupoint stimulation as an adjunct therapy for obsessive-compulsive disorder: A randomized controlled study. J Psychiatr Res. 2016 Sep;80:30-37. https://doi.org/10.1016/j.jpsychires.2016.05.015

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