Table des matières

Dyspnea

Dyspnée : évaluation de l'acupuncture

1. Generic Acupuncture

1.1. Yu 2024

Yu Y, Xiao W, Du LY, Li Y, Xiong C, Liang FR, Mao B, Fu JJ. Acupuncture for dyspnea and breathing physiology in chronic respiratory diseases: A systematic review and meta-analysis of randomized controlled trials. Heliyon. 2024 May 16;10(10):e31176. https://doi.org/10.1016/j.heliyon.2024.e31176

Backgound	Dyspnea, a common symptom of chronic respiratory diseases (CRDs), is closely linked to higher levels of functional impairment and death, leading to significant societal and financial challenges. Despite numerous clinical trials and systematic reviews suggested the potential benefits of acupuncture for chronic obstructive pulmonary disease (COPD) and lung cancer, there is currently insufficient evidence to conclusively prove its effectiveness in alleviating dyspnea in patients with CRDs.
Methods	To compile and evaluate the existing data on the effectiveness and safety of acupuncture for managing dyspnea in CRDs. Randomized controlled trials investigating acupuncture for the treatment of dyspnea in patients with CRDs, such as COPD, lung cancer, asthma, bronchiectasis, interstitial lung disease, chronic pulmonary heart disease and bronchitis, were searched and retrieved from five electronic databases in English or Chinese.
Results	A total of **23 studies** meeting the inclusion criteria were found in databases, covering various CRDs such as COPD, lung cancer, and asthma. A meta-analysis that compared acupuncture to a control group (which included no acupuncture and sham acupuncture) found significant advantages for acupuncture in reducing dyspnea severity ($P = 0.0003$), increasing 6MWD ($P < 0.00001$), improving quality of life measured by St. George's Respiratory Questionnaire ($P = 0.03$) and karnofsky performance status score ($P < 0.00001$). No significance was found in breathing physiology represented by FEV1 ($P = 0.34$) and FVC ($P = 0.15$). There was a comparable incidence of negative outcomes in both groups ($P = 0.07$). Results were consistent when compared to sham acupuncture. In addition, subgroup analyses were also consistent when different diseases or types of acupuncture were analyzed.
Conclusions	Acupuncture may be an effective and safe non-pharmacological complementary intervention to relief dyspnea for patients with CRDs. Nevertheless, research with high quality and large sample sizes is needed for further investigation.

2. Special Clinical Forms

2.1. Cancer-related Dyspnea

See corresponding item

3. Clinical Practice Guidelines

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

3.1. European Society of Intensive Care Medicine 2024 Ø

Demoule A, Decavele M, Antonelli M, Camporota L, Abroug F, Adler D, Azoulay E, Basoglu M, Campbell M, Grasselli G, Herridge M, Johnson MJ, Naccache L, Navalesi P, Pelosi P, Schwartzstein R, Williams C, Windisch W, Heunks L, Similowski T. Dyspnoea in acutely ill mechanically ventilated adult patients: an ERS/ESICM statement. Eur Respir J. 2024 Feb 22;63(2):2300347. https://doi.org/10.1183/13993003.00347-2023PMID: 38387998.

Interventions to treat dyspnoea such as chest wall vibration, **acupuncture/acupressure**, relaxation and neuro-electrical muscle stimulation have been recently reviewed and their benefit is unclear