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Respiratory insufficiency

Insuffisance respiratoire

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Liu 2024 (diaphragmatic dysfunction)

Liu R, Liang L, Huang H, Zeng Z, Sun J. Rehabilitation effects of acupuncture on the diaphragmatic dysfunction in respiratory insufficiency: A systematic review and meta-analysis. Complement Ther Med. 2024 Dec;87:103105. https://doi.org/10.1016/j.ctim.2024.103105

Background	Mechanical ventilation after respiratory insufficiency can induce diaphragm dysfunction through various hypothesized mechanisms. In this study, we evaluated the rehabilitative effect of acupuncture on diaphragm function in patients with respiratory insufficiency using meta-analysis and summarised the rules of acupoints through association rules analysis.
Methods	Articles (published from January 2000 to February 2024) were retrieved from the following databases: PubMed, Cochrane Library, Embase, Web of Science, CNKI, VIP, SinoMed, and Wanfang. Two researchers conducted literature selection, data extraction, and statistical analysis independently. The risk of bias was assessed utilizing the Physical Therapy Evidence Database (PEDro) scale. The meta-analysis was performed with RevMan 5.4 software, and the quality of each outcome evidence was assessed via the online software GRADEpro GDT. The regularity of acupoint selection was summarized using association rules analysis. This study is registered on PROSPERO, number CRD42024526705.
Results	Eleven articles were eventually included, all of which were of low to moderate quality. Results of the meta-analysis showed a significant increase in diaphragmatic thickening fraction (MD 3.40 [1.52, 5.27]) and diaphragmatic excursion (MD 0.95 [0.58, 1.31]) in patients with respiratory insufficiency after acupuncture treatment. Also, OI (MD 28.52 [15.93, 41.11]) and PaO2 (MD 7.18 [2.22, 12.13]) were significantly elevated and PaCO2 (MD -6.94 [-12.30, -1.59]) was decreased. Mechanical ventilation time (MD -1.86 [-2.28, -1.45]) was also significantly improved. The overall quality of the outcome evidence is deemed moderate. Association rules analysis showed that ST36, RN4, RN6, and others are core acupoints for the treatment of diaphragmatic dysfunction in patients with respiratory insufficiency by acupuncture.
Conclusion	Acupuncture shows potential in the rehabilitation of patients with respiratory insufficiency and may serve as a complementary and alternative therapy for related conditions. We suggest the use of ST36 as a core acupoint, in combination with other acupoints. Due to the potential publication bias and high heterogeneity of the current data, further high-quality RCTs are needed to confirm these findings.

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