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Acupuncture and Urinary Incontinence

Acupuncture et Incontinence urinaire

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1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Huang 2026

Huang A, Hu Y, Xu J, Ding Z, Zhong Z, Li S, Chen L, Ren W, Cai W. The efficacy and safety of common non-drug interventions on stress urinary incontinence: a systematic review and network meta-analysis. BMC Womens Health. 2026;26(1):291. https://doi.org/10.1186/s12905-026-04447-6

Objective	This network meta-analysis aimed to evaluate the efficacy of common non-pharmacological interventions for alleviating postpartum stress urinary incontinence (SUI).
Methods	Electronic databases were searched from inception to December 2024, including PubMed, MEDLINE, Embase, Cochrane Library, CINAHL, Web of Science, Scopus, China National Knowledge Infrastructure (CNKI), Wanfang Data, and VIP Database. Randomized controlled trials comparing non-pharmacological interventions for postpartum SUI were included. A network meta-analysis was performed to synthesize direct and indirect evidence.
Results	**Twelve randomized controlled trials** evaluating eight different interventions were included. The Vesair intravesical balloon (VIB) and electroacupuncture (EA) demonstrated the greatest efficacy, with significant reductions in the 1-hour urine pad test and International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF) scores compared with controls at final follow-up. Among all interventions, electroacupuncture ranked as the most promising treatment for postpartum stress urinary incontinence. However, interpretation of the findings should be cautious because of heterogeneity across studies and the limited sample sizes of several comparisons.
Conclusions	Electroacupuncture and the Vesair intravesical balloon appear to be the most promising non-pharmacological interventions for the management of postpartum stress urinary incontinence. Nevertheless, additional high-quality randomized controlled trials are needed to strengthen the current evidence.

1.1.2. Jiang 2025

Jiang T, Dong ZY, Shi Y, Zhou YQ, Zhang HB, Gong Y. Efficacy and safety of acupuncture monotherapy or combined with pelvic floor muscle training for female stress urinary incontinence: a systematic review and meta-analysis. Front Med (Lausanne). 2025 Jan 13;11:1499905. https://doi.org/10.3389/fmed.2024.1499905

Backgound	Stress urinary incontinence (SUI) is involuntary urine leakage during effort. Pelvic floor muscle training (PFMT) is a common physical therapy for SUI, but has low adherence and its long-term effectiveness is uncertain. Drug therapy has side-effect problems and surgery has risks. Acupuncture's role in improving SUI is also unclear based on previous studies.
Objectives	This systematic review and meta-analysis evaluated the efficacy and safety of acupuncture individually or combined with PFMT in improving symptoms and women's health-related quality of life of SUI.
Design	A systematic review and meta-analysis were conducted.
Patients	Women with stress urinary incontinence were treated with electroacupuncture (EA) individually or acupuncture combined with PFMT.
Results	In the analysis comparing urinary leakage 1 h and the ICIQ-SF score, electroacupuncture (EA) intervention was significantly associated with improvements in both urine leakage (MD = 4.69, 95% CI 2.83 to 6.55, I2 = 62%) and ICIQ-SF (MD = 2.61, 95% CI 1.64 to 3.58, I2 = 65%). The results were robust for the sensitivity analyses. EA was not associated with an increased incidence of adverse events compared to placebo EA (RR = 1.08, 95% CI 0.50 to 2.35, I2 = 0%). When comparing the group receiving pelvic floor muscle training (PFMT) combined with acupuncture to the PFMT only group, the combination therapy was found to improve urine leakage 1 h (MD = 1.91, 95% CI 0.96 to 2.86, I2 = 80%) and improve ICIQ-SF (MD = 2.63, 95% CI 1.60 to 3.65, I2 = 75%) in patients with SUI, despite significant heterogeneity observed. Subgroup analyses based on urine leakage 1 h revealed that subjects with mild stress urinary incontinence showed improvements (MD = 1.46, 95% CI 0.82 to 2.10, I2 = 58%), as did those with moderate stress urinary incontinence (MD = 4.9, 95% CI 1.72 to 8.08, I2 = 77%). There were significant differences between these subgroups (I2 = 77%, p = 0.04). In the subgroup analysis of intervention types, manual acupuncture showed no significant effect when combined (MD = 1.11, 95% CI -0.61 to 2.83, I2 = 86%).
Conclusion	The findings from this meta-analysis indicate that EA is more effective at improving the clinical symptoms and quality of life in patients with SUI compared to placebo EA, and it does not increase the risk of adverse events. Moreover, the therapeutic effect of SUI treatment with EA combined with pelvic floor muscle training (PFMT) elicits a more positive response than PFMT alone. This suggests that EA, either as a standalone therapy or as an adjunct to PFMT, can offer beneficial outcomes for individuals with stress urinary incontinence, expanding the range of clinical treatment options available.

1.1.3. Liu 2024 (older women)

Liu W, Sun X, Gao Y, Sun H, Feng H, Tan H, Chen Q, Peng L, Wu IX. Comparative effectiveness of nonsurgical interventions for urinary incontinence in older women: A systematic review and network meta-analysis. Arch Gerontol Geriatr. 2024 Jan;116:105214.
https://doi.org/10.1016/j.archger.2023.105214

Purpose	To compare the effectiveness of existing nonsurgical interventions to improve or cure urinary incontinence in older women.

Methods	Five English databases (Medline, EMBASE, Web of Science, PsychINFO and the Cochrane Library) were searched from January 1, 2018, until August 27, 2023. Studies published before 2018 were directly extracted from a review published in 2019 on a similar research question. Three Chinese databases (China National Knowledge Infrastructure (CNKI), Wanfang and SinoMed) were searched from January 1, 2000, until August 27, 2023. Randomized controlled trials of nonsurgical interventions for women aged ≥ 60 years with urinary incontinence were considered eligible. The primary outcome was the rate of improvement and cure. Pairwise meta-analysis and network meta-analysis were performed, with the pooled risk ratio (RR) and 95 % confidence interval (CI) being reported.
Results	There were 15 intervention categories among the included 32 randomized controlled trials for older women with urinary incontinence. The combination of behavioral therapy with other interventions, including Chinese herbal medicine, electrical stimulation, and **acupuncture** were effective for both improvement and cure rates. Behavioral therapy plus Chinese herbal medicine was the most effective intervention category for both improvement and cure rates.
Conclusion	Behavioral therapy plus Chinese herbal medicine was currently the optimal selection for the management of older women with urinary incontinence. However, the clinicians should carefully consider the effectiveness and quality of evidence because of the limited quality and quantity of the randomized controlled trials included.

1.1.4. Cui 2023

Cui Y, Ma Q, Zhang Y, Wei G, Zhou Z. The Efficacy and Safety of Acupuncture in Treating Stress Urinary Incontinence in Women from a Meta-Analysis of Four Randomized Controlled Trials. Arch Esp Urol. 2023 Feb;76(1):40-49. https://doi.org/10.56434/j.arch.esp.urol.20237601.3. https://pubmed.ncbi.nlm.nih.gov/36914418.

Purpose	To verify the efficacy and safety of acupuncture in treating stress urinary incontinence (SUI) in women in a single treatment cycle lasting at least 6 weeks.
Methods	A preferred reporting items for systematic reviews and meta-analyses (PRISMA) summary was followed correctly. Through the use of EMBASE, Cochrane Library databases, and PubMed (until July 2021), we looked for randomized controlled trials. In addition, the included articles' original references were looked up as well.
Results	Totally, we analyzed **four studies including 690 patients**. Compared with the sham acupuncture group, this analysis verified that acupuncture was critically better result in decreasing mean urine leakage ($p = 0.04$), 1-hour pad test ($p = 0.04$), 72-hour incontinence episodes ($p < 0.00001$), International Consultation on Incontinence Questionnaire-Short Form scores ($p = 0.0005$) and improving patient self-evaluation (All $p < 0.05$). However, two groups had no statistical significance in improving pelvic floor muscle strength. In the matter of safety, mainly adverse events, especially with respect to pain, both groups showed no statistical difference.
Conclusions	Acupuncture is more beneficial to patients with stress urinary incontinence in women with no critical difference in the incidence of advent events than sham acupuncture.

1.1.5. Long 2022 ☆

Long Z, Chen H, Yu S, Wang X, Liu Z. Effect of Acupuncture for Mixed Urinary Incontinence in Women: A Systematic Review. Front Public Health. 2022 Mar 18;10:827853. https://doi.org/10.3389/fpubh.2022.827853

Background	Mixed urinary incontinence increasingly undermines women's quality of life. Previous studies showed some effects of acupuncture for MUI, but no systematic review has been done to evaluate the efficacy and safety of acupuncture for MUI in women.
Objective	To systematically review the efficacy and safety of acupuncture for women with MUI.
Methods	Ten databases (i.e., PubMed, Web of Science, Embase, ClinicalTrials.gov, the Cochrane Library, CBM, Scoups, CNKI, VIP and WANFANG DATA) were searched up to July 19th, 2021, using tailored search strategies with keywords not limited to “female,” “mixed urinary incontinence,” “acupuncture,” and “randomized controlled trial,” etc. RCTs and quasi-RCTs were included if investigating effect of any type of acupuncture for female patients with MUI. Data were extracted from eligible studies, and risks of bias were assessed according to the Cochrane Handbook from seven aspects using the RevMan 5.4 software.
Results	A total of **three randomized studies with 591 women** were included. The risk of bias among the studies varied, with major concerns on blinding of participants and outcome assessor. Liu's study (497) mainly showed that electroacupuncture's effect on reduction of numbers of incontinence, urgency, nocturia episodes, and amount of urine leakage etc. was not inferior to that of PFMT-Solifenacin group at 12, 24, and 36 weeks. Zhan's study (60) showed that electroacupuncture reduced significantly more amount of urine leakage than Tolterodine at 8 weeks, with no data on incontinence episodes frequency. All 3 studies reported that acupuncture significantly increased the quality of life assessed by ICIQ score. In addition, incidence of acupuncture-related adverse events was rare, while antimuscarinic agents related adverse events were common in two studies.
Conclusion	Although acupuncture showed some benefit for women with MUI, more evidences were required to draw a solid conclusion of effectiveness and safety of acupuncture for women with MUI.

1.1.6. Yang 2021

Yang N, Ge X, Ye J, Liu Q, Wu Y, Yan H, Han X. Efficacy of acupuncture for urinary incontinence in middle-aged and elderly women: A systematic review and meta-analysis of randomized controlled trials. Eur J Obstet Gynecol Reprod Biol. 2021;257:138-43. [190854]. doi

Objectives	Our aim was to generalize the available evidence and evaluate the effectiveness of acupuncture for urinary incontinence in middle-aged and elderly women.
Methods	Six databases including VIP, CNKI, Wan Fang, Web of Science, PubMed and The Cochrane Library were systematically searched to retrieve similar studies updated to December 2019 to gather RCTs regarding the effectiveness of acupuncture for middle-aged and elderly women with urinary incontinence. Two researchers independently performed the whole process of retrieving the studies, extracting the data and assessing the risk of bias of the included studies. The current meta-analysis was performed using RevMan 5.3 software.
Results	A total of **eight studies** with **607 patients** were included in the evaluation. The current meta-analysis showed that Compared with rehabilitation exercise or medication, acupuncture intervention significantly improved the clinical effectiveness (OR = 5.52, 95 % CI, 3.13-9.73), reduced the urine leakage in pad test (SMD = -2.67, 95 % CI, -4.05 to -1.29) and decrease the ICIQ-SF score (MD = -3.46, 95 % CI, -3.69 to -3.22). The results indicated that acupuncture intervention can help the patients alleviate the symptoms effectively.
Conclusion	Based on this study, acupuncture intervention of stress urinary incontinence in middle-aged and elderly women can improve the clinical effectiveness, reduce the urine leakage in pad test and ICIQ-SF score. More high-quality studies with large sample size are required for further verification.

1.1.7. Ma 2021 (stress urinary incontinence) ★

Ma Guanglin, Mai Genghan, Mo Qian, Zhang Weiwei, Ou Liang, Liu Jisheng, Yang Dan. [Meta Analysis of Clinical Randomized Controlled Literature of Acupuncture and Moxibustion in Treating Female SUI]. Journal of Clinical Acupuncture and Moxibustion. 2021;37(6):46. [220717].

Objective	To analyze the common clinical evaluations indicators of acupuncture and moxibustion in the treatment of female stress urinary incontinence (SUI).
Methods	According to the principles of systematic review, the research objects, intervention measures, outcome indicators and design schemes were formulated, and the clinical randomized controlled trials (RCTs) of acupuncture and moxibustion in the treatment of fema1e SUI at home and abroad were searched and the bias risk of the included literature were assessed according to the method recommended by Cochrane Handbook and analyzed with Review Manager5. 3 software.
Results	A total of **16 RCTs** were included, involving **985 patients**. Meta analysis of the outcome index showed that acupuncture treatment was superior to pelvic floor muscle training [tota1 efficiency rate: OR = 6. 04, 95% CI (3. 84, 9. 49, P<0.00001);ICI -Q-SF score: MD=-3.03,95%CI(-4.17,-1.90,P<0.00001);l hour urine padtest: MD= -2.95, 95% CI(-3.86, - 2.04, P<0.00001); 24 hour voiding diary: MD= - 0.97, 95% CI (-1. 61, - 0. 33, P = 0. 003)], the difference was statistically significant.
Conclusion	Acupuncture treatment for fema1e SUI has definite clinical advantages over pelvic floor muscle training. In the view of the low qua1ity of the literature included at present, this result can be further demonstrated by the future RCTs.

1.1.8. Zhang 2016 (stress urinary incontinence) ☆☆

Zhang Yan, Xie Jiangping. [A Meta-analysis of treating female stress urinary incontinence by acupuncture]. Clinical Journal of Chinese Medicine. 2016;8(22):16-20. [201954].

Objective	To assess clinical efficacy of acupuncture on female stress urinary incontinence.
Methods	Randomized controlled trials on treating female stress urinary incontinence by acupuncture were found in Pubmed, CNKI, Wanfang database and VIP database. According to RCT quality evaluation of modified Jadad scale evaluation criterion, selected literatures were evaluated with Rev Man 5.2 statistics software; and the Meta-analysis was performed. Clinical efficacy and safety of acupuncture on female stress urinary incontinence were assessed.
Results	**10 papers(785 patients)** were included. The results of the Meta-analysis showed that differences of clinical efficacy of acupuncture on female stress urinary incontinence between groups were significant; and acupuncture could reduce VAS score, without significant meaning to improve ICIQ-SF score.
Conclusion	Acupuncture on female stress urinary incontinence showed obvious effects, but the result should be verified farther by strict, multi-center and large sample, and high-quality randomized double-blind placebo-controlled trials with enough followed-up time to further validated.

1.1.9. Wang 2014 (stress urinary incontinence) ☆

Wang Lei ,Fu Li - Xin , Zhu Yuan , et al. [Systematic review of domestic literature of therapeutic effect of acupuncture on stress urinary incontinence]. Journal of Clinical Acupuncture and Moxibustion. 2014;30(9):64. [173471].

Objective	To evaluate the therapeutic effect of acupuncture in the treatment of stress urinary incontinence in China.
Methods	Retrieve related papers from CNKI, WANFANG, vIP database by computer, from conference papers and magazines like “Chinese acupuncture” by hand. The retrieval time ended in November 2013, and two independent eva1uator extracted data from obtained all random and ha1f randomized controlled trials for the treatment of stress urinary incontinence by acupuncture, and assess the methodology. RevMan5. 0 software was used to do Meta ana1ysis and security number analysis and funnel chart ana1ysis publication bias.
Results	A total of **10 trials involving 669 patients**. Meta - analysis showed that the total effective rate in the treatment group was better than that in the control group: acupuncture versus placebo (OR = 3. 05, 95 % CI [1. 59, 5. 84]), acupuncture versus medicine (OR = 9. 14, 95% CI[4. 77, 17. 53]), acupuncture versus pelvic muscle exercice (OR = 4. 00, 95 % CI [2. 5 1, 6. 39]). Fail - safe number analysis showed that the evaluation results were stable. Funnel figure graphics were around the basic symmetry, and the publication bias was not big.
Conclusion	**Acupuncture in the treatment of stress urinary incontinence is effective, and superior to western medicine and pelvic muscle exercise**. However, more high - quality randomized double - blind controlled trials are needed to confirm the curative effect of acupuncture in the treatment of stress urinary incontinence.

1.1.10. Paik 2013

Paik SH, Han SR, Kwon OJ, Ahn Ym, Lee Bc, Ahn Sy. Acupuncture for the treatment of urinary incontinence: a review of randomized controlled trials. Exp Ther Med. 2013;6(3):773-780. 160279.

Objective	The aim of this study was to examine the effects of acupuncture on urinary incontinence and to discuss why these acupoints were selected.
Methods	Seven databases were searched for any randomized controlled trials (RCTs) that investigated the use of acupuncture or acupressure as a treatment for urinary incontinence, and the Cochrane risk of bias tool was utilized to evaluate the risk of bias in each study. Four RCTs met all the inclusion criteria.
Results	The results from the selected RCTs failed to demonstrate any statistically significant improvements in urinary incontinence, although acupuncture or acupressure did exhibit favorable effects on overactive bladder symptoms and quality of life, in comparison with other conventional therapies.
Conclusion	There have been limited results supporting acupuncture or acupressure as an effective treatment method for urinary incontinence; therefore, further RCTs are required to confirm the effectiveness of acupuncture or acupressure in the treatment of urinary incontinence.

1.1.11. Wang 2013 (stress urinary incontinence) Ø

Wang Y, Zhishun L, Peng W, Zhao J, Liu B. Acupuncture for stress urinary incontinence in adults. Cochrane Database Syst Rev. 2013. [160667].

Background	The use of acupuncture for stress urinary incontinence is increasing in frequency, especially in Asian area. However, its effectiveness and side effects have not been evaluated.

Objectives	To assess the effectiveness and side effects of acupuncture for stress urinary incontinence in adults. Search methods: We searched the Cochrane Incontinence Group Specialised Register (searched 28 January 2013), EMBASE, AMED, Chinese Biomedical Literature Database (CBM), Chinese Acupuncture Trials Register and China National Knowledge Infrastructure (CNKI) (all searched 20 February 2013). In addition, we searched the reference lists of relevant articles and contacted authors and trialists in the field.
Methods	Selection criteria: Randomised and quasi-randomised controlled trials of acupuncture interventions without other treatments for the management of stress urinary incontinence for adults. Data collection and analysis: Two review authors independently assessed eligibility, trial quality and extracted data. We meta-analysed data where appropriate.
Main results	We identified 17 possibly eligible studies but **only one small trial with 60 women met our inclusion criteria**. The trial compared acupuncture versus midodrine, a drug for treating hypotension. The risk of bias was high as there was no concealment of randomised allocation, and there was no blinding of assessment of outcome. In addition, it was not possible to blind participants or health providers to the interventions. The statistical methods were not described.More women improved in the acupuncture group (73% with acupuncture versus 33% with midodrine; risk ratio (RR) 2.20, 95% confidence interval (CI) 1.27 to 3.81) but the cure rates were low and not statistically significantly different (13% versus 7%; RR 2.00, 95% CI 0.40 to 10.11). There were adverse events in the drug group only.
Authors' conclusions	**The effect of acupuncture for stress urinary incontinence for adults is uncertain**. There is not enough evidence to determine whether acupuncture is more effective than drug treatment.

1.2. Special Clinical Forms

1.2.1. Poststroke Urinary Incontinence

See ' corresponding item

1.2.2. Postprostatectomy Incontinence

See corresponding item

1.2.3. Urinary incontinence after spinal cord injury

1.2.3.1. Zhang PY, 2025

Zhang PY, Xu CL, Ye GX, Meng L, Wang F. Clinical efficacy of electroacupuncture for urinary incontinence after spinal cord injury: a meta-analysis and trial sequential analysis. Front Neurol. 2025 Sep 26;16:1573090. https://doi.org/10.3389/fneur.2025.1573090

Background	Urinary incontinence (UI) is a common clinical manifestation after spinal cord injury (SCI), affecting approximately 70% of patients. Electroacupuncture (EA) has been proposed as a complementary therapy to improve bladder function, but its clinical efficacy remains uncertain.
Objective	To systematically evaluate the efficacy and safety of electroacupuncture for urinary incontinence following spinal cord injury and to provide evidence-based guidance for clinical practice.

Methods	Eight databases were searched for randomized controlled trials (RCTs) published up to May 20, 2025. Eligible studies compared EA (alone or combined with conventional rehabilitation, CR) versus CR alone in patients with SCI-related urinary incontinence. Data were analyzed using R 3.6.3 in accordance with PRISMA 2020 guidelines. Risk of bias was assessed using the Cochrane ROB 2.0 tool, and the certainty of evidence was graded with the GRADE framework.
Results	**Fifteen RCTs involving 1,394 participants** were included. Compared with CR alone, EA significantly reduced 24-hour incontinence frequency (MD = –1.42, 95% CI [–1.88, –0.96]), increased maximum urine output (MD = 18.98 mL, 95% CI [9.27, 28.69]), and single urination volume (MD = 30.76 mL, 95% CI [21.45, 40.08]). EA also improved urodynamic outcomes, including residual urine volume (MD = –20.06 mL), bladder volume (MD = 38.86 mL), maximum urine flow rate (Qmax, MD = 2.68 mL/s), detrusor pressure (PdetQmax, MD = –6.77 cm H_2O), and bladder compliance (MD = 1.41). All results were significant ($p < 0.01$). Trial Sequential Analysis (TSA) confirmed the robustness of findings. Reported adverse events were minimal and mild.
Conclusion	Electroacupuncture shows significant potential to improve bladder control and urinary function in patients with incontinence after spinal cord injury, with good safety and tolerability. Further high-quality RCTs are needed to strengthen the evidence base.

1.3. Special Acupuncture Techniques

1.3.1. Comparison of Acupuncture techniques

1.3.1.1. Zhou 2024

Zhou Z, Zhang Y, Deng H, Qin X, Sun Y. Comparison of acupuncture and moxibustion related non-surgical therapies for women with stress urinary incontinence: A systematic review and network meta-analysis of randomized controlled trials. Explore (NY). 2024 Jul-Aug;20(4):493-500. https://doi.org/10.1016/j.explore.2023.11.010

Backgound	Stress urinary incontinence (SUI) significantly impacts women's health and imposes substantial mental and socio-economic burdens. Acupuncture and moxibustion, either alone or in combination with other non-surgical therapies, are recognized as effective treatments for SUI. This study aimed to assess the efficacy of various treatments for women with SUI using network meta-analysis (NMA).
Method	We systematically searched databases up until June 30, 2022, to identify relevant randomized controlled trials (RCTs) focusing on SUI in women. Subsequently, the quality of the included studies was assessed. NMA was performed using STATA 14.0 software.
Results	A total of **31 RCTs involving 2922 participants** were included in the analysis. A total of 18 treatment plans were identified. The treatment plan consisting of Moxibustion + PFMT + EB demonstrated the most significant reduction in ICIQ-UI-SF. Due to lack of consistency across studies, a NMA was not performed for the outcomes of effectiveness and the 1 h pad test.
Conclusions	The combined intervention of Moxibustion + PFMT + EB appears to be the most effective in reducing patients' reported symptoms and improving their quality of life. However, due to the limitations of the included studies, further high-quality RCTs are necessary to reinforce the current evidence.

1.3.1.2. Kannan 2023

Kannan P, Bello UM. Efficacy of various forms of acupuncture for the treatment of urinary incontinence in women: A systematic review and meta-analysis. Explore (NY). 2023 Jan-Feb;19(1):26-35. https://doi.org/10.1016/j.explore.2022.07.004

Background and Purpose	Evidence regarding the efficacy of various forms of acupuncture for the treatment of urinary incontinence (UI) in women is outdated and inconclusive. This review aims to determine the efficacy of different forms of acupuncture for the treatment of UI in women.
Methods	Multiple databases were searched from inception to June 2020. Randomized controlled trials that compared various forms of acupuncture to control were included.
Results	**Ten trials** were included in this review. The pooled analysis demonstrated that an increased proportion of women with stress UI (SUI) reported fewer UI episodes (1.73 [95% CI 1.46, 2.04]; p < 0.00001) in the electroacupuncture group than in the sham group. The meta-analysis also revealed a significantly increased number of women who reported the complete cure of SUI in the electroacupuncture combined with pelvic floor muscle training group than in the medication group (RR 2.67 [95% CI 1.51, 4.71]; p = 0.0007). Body and laser acupuncture caused significant decreases in the number of urge accidents (-2.70 [95% CI -4.86, -0.54]; p = 0.01) and the occurrence of urgency symptoms (-3.60[95% CI -5.34, -1.86]; p < 0.0001), compared with sham acupuncture.
Conclusions	Based on the findings of this review, electroacupuncture may be able to improve SUI in women in clinical settings. This review also identified evidence supporting the use of body, electro,- and laser acupuncture for the treatment of urge UI; however, these results were obtained from single studies, and further research remains necessary to confirm the effects of these interventions on the treatment of urge UI in women.

1.3.2. Acupuncture combined with biofeedback electrical stimulation

1.3.2.1. Liu 2026

Liu H, Aikebai A, Yuan Q, Chen J. Acupuncture combined with biofeedback electrical stimulation for female stress urinary incontinence: a systematic review and meta-analysis. Front Med (Lausanne). 2026;13:1760125. https://doi.org/10.3389/fmed.2026.1760125

Background	This meta-analysis aimed to determine the clinical efficacy of acupuncture combined with biofeedback electrical stimulation for stress urinary incontinence in women.
Methods	Databases including CNKI, WanFang, VIP, PubMed, Cochrane Library, Embase, and Web of Science were searched to collect randomized controlled trials on acupuncture combined with biofeedback electrical stimulation for female stress urinary incontinence from database inception to June 1, 2025. Meta-analysis was performed using Stata 15 software.
Results	A total of **33 studies involving 2,860 patients** were included. Compared with biofeedback electrical stimulation alone, the combined therapy significantly reduced the number of leakage episodes [SMD = −2.26, 95% CI (−3.42, −1.11)], urine leakage volume [SMD = −1.79, 95% CI (−2.22, −1.37)], and ICIQ-SF scores [MD = −2.00, 95% CI (−2.61, −1.39)]. Pelvic floor muscle strength scores were significantly increased [SMD = 0.99, 95% CI (0.32, 1.65)]. Overall clinical efficacy was higher in the combined treatment group [RR = 1.20, 95% CI (1.16, 1.25)].

Conclusion	Acupuncture combined with biofeedback electrical stimulation may provide advantages in the treatment of female stress urinary incontinence by reducing urinary leakage frequency and volume, lowering symptom severity scores, improving pelvic floor muscle strength, and enhancing quality of life.

1.3.3. Acupuncture combined with pelvic floor muscle training

1.3.3.1. Xiao 2025

Xiao L, Zhu S, Peng Y, Zhou D. Efficacy and safety of acupuncture combined with pelvic floor muscle training in the treatment of stress urinary incontinence in women: A systematic review meta-analysis. Medicine (Baltimore). 2025 Nov 21;104(47):e46136. https://doi.org/10.1097/MD.0000000000046136

Background	To conduct a meta-analysis of the effectiveness and safety of acupuncture combined with pelvic floor muscle training (PFMT) vs PFMT for the treatment of female stress urinary incontinence (SUI).
Methods	Four English databases (PubMed, EMBASE, Web of Science, and Cochrane Library) and 4 Chinese databases (the China National Knowledge Infrastructure, Wanfang DATA, the Chongqing VIP Database, China Biomedical Database) were manually searched for literature published from dates of the inception of the databases to December 23rd, 2023. Randomized controlled trials (RCTs) of acupuncture combined with PFMT vs PFMT for female SUI were included. Relevant literature was screened, and the data of the included studies were extracted according to the risk of bias tool for quality assessment.
Results	A total of **1974 patients were included in 22 RCTs**. There were 990 cases in the experimental group (acupuncture combined with PFMT) and 984 cases in the control group (PFMT). The result showed that combination treatment was superior to PFMT alone, and there were statistically significant differences in several outcomes including relative risk in change for total effective rate (relative risk = 1.29, 95% CI 1.21-1.37, P < .001), weighted mean differences (WMD) in change for urine leakage on a 1-hour pad test (WMD = -2.58, 95% CI -3.33 to -1.84, P < .001), Incontinence Questionnaire-Short Form score (WMD = -2.69, 95% CI -3.45 to -1.92, P < .001), Quality of Life Questionnaire score (WMD = 11.09, 95% CI 8.41-13.77, P < .001), and IIQ-7 score (WMD = -3.35, 95% CI -4.14 to -2.56, P < .001).
Conclusion	Acupuncture combined with PFMT can significantly reduce the urine leakage on a 1-hour pad test, and improve the total effective rate and quality of life in female SUI patients. However, the number of included articles are limited, and more high-quality RCTs are needed to validate these results.

1.3.4. Electroacupuncture

1.3.4.1. Bilgiç 2024

Bilgiç FŞ, Gençtürk N, Arikan B. The effect of electroacupuncture applied to women with stress urinary incontinence on urinary incontinence severity and symptoms: systematic review and meta-analysis of randomized controlled trials. Actas Urol Esp (Engl Ed). 2024 Mar 29:S2173-5786(24)00027-1. English, Spanish. https://doi.org/10.1016/j.acuroe.2024.03.002

Introduction	Stress Urinary Incontinence is a condition that impairs the quality of life in women and randomized controlled trials of electroacupuncture for stress urinary incontinence have been conducted.
Objective	The aim of this systematic review and meta-analysis was to examine the effect of electroacupuncture on the severity and symptoms of urinary incontinence in women with stress urinary incontinence.
Methods	Literature searches were conducted in PubMed, CINAHL, Scopus and Science Citation Index until November 2023. This study was based on the recommendations of the Cochrane guidelines. Data were analyzed using the Review Manager computer program (Version 5.4). The methodological quality of the studies was assessed using the RoB-2 tool.
Results	The analysis included **888 women** with stress urinary incontinence and **three studies**. In women with stress urinary incontinence, electroacupuncture intervention improved urinary incontinence severity and quality of life (MD:-2.37, 95% CI:-3.29 to 1.45, Z = 5.07,p < 0. 001), urinary leakage (SMD:-0.79, 95% CI:-1.02 to -0.55, Z = 6.60,p = 0.001) and incontinence episode frequency (SMD:-2.24, 95%CI:-4.17 to -0.32, Z = 2.29,p < 0.02).
Conclusion	In women with stress urinary incontinence, electroacupuncture intervention decreased the severity of urinary incontinence and improved the quality of life. Symptoms related to urinary incontinence were found to decrease urinary leakage and incontinence episode frequency. The studies included in the analysis were determined to be low-risk studies in quality assessment.

1.3.4.2. Cui 2022

Cui Y, Li Q, Wang D, Bao R, Li L, Zhu J, Li J, Li Z, Yin J, Zhou X, Yin H, Sun Z. Does electroacupuncture benefit mixed urinary incontinence? A systematic review and meta-analysis with trial sequential analysis. Int Urogynecol J. 2022 Apr;33(4):751-766. https://doi.org/10.1007/s00192-021-05057-6

Introduction and hypothesis	Mixed urinary incontinence (MUI) comprises a combination of urgency and stress. The efficacy and safety of electroacupuncture (EA) for the treatment of MUI remain unclear.
Objective	To assess the efficacy and safety of EA in treating MUI.
Methods	We searched PubMed, CENTRAL, Embase, Web of Science, four Chinese databases, clinical research registration platforms, grey literature, and the reference lists of the selected studies. Risk of bias and quality were evaluated using the Revman 5.4 and Jadad scores. Meta-analysis was performed using Stata 15.1 software. Trial sequential analysis (TSA) was used to assess the stability of the results.
Results	**Eight randomized controlled trials comprising 847 patients** were included. The meta-analysis results showed that compared with antimuscarinic drugs plus pelvic floor muscle training, EA resulted in significantly less pad weight on the 1-h pad test and statistically significantly lower severity scores on the International Consultation on Incontinence Questionnaire Short Form. The change in the 72-h incontinence episode frequency difference was not statistically significant, and there was no outcome of overall response rate and quality of life in this meta-analysis. Few adverse events occurred in the EA group. The TSA results suggested that the result of change from baseline in the 1-h pad test was stable and the evidence was conclusive.
Conclusions	EA could be a potential treatment option for MUI and is relatively safe. Nevertheless, because of the limitations of this study, our conclusions should be interpreted with caution, and further studies are needed to confirm the comprehensive clinical efficacy and placebo effect of EA.

1.3.4.3. Lai 2020

Lai X, Zhang J, Chen J, Lai C, Huang C. Is electroacupuncture safe and effective for treatment of stress urinary incontinence in women? A systematic review and meta-analysis. J Int Med Res. 2020;48(10). [212794]. doi

Objective	Stress urinary incontinence (SUI) is prevalent worldwide, particularly among elderly women. Although electroacupuncture (EA) has been accepted by many patients and physicians in Asia, its efficacy for SUI has not been evaluated scientifically and systematically. We aimed to conduct a systematic evaluation of the efficacy and safety of EA treatment for women with SUI.
Methods	We retrieved publications up to February 2019 from seven databases. Randomized controlled trials for women with SUI treated by EA were included. Therapeutic effect, 1-hour urine leakage and International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF) scores were the primary outcomes. The Cochrane Collection's RevMan 5.3 software was used to pool data.
Results	The **15 included articles** demonstrated that EA for SUI was effective (odds ratio [OR], confidence interval [CI] = 5.64, 4.19-7.59; I2 = 22%). ICIQ-SF scores increased (standard mean difference, CI = -0.48, -0.62 to -0.33; I2 = 32%) and 1-hour urine leakage decreased (OR, CI = -4.14, -4.96 to -3.33; I2 = 78%) in patients undergoing EA compared with those receiving sham EA, physical exercise or medication.
Conclusion	EA for women with SUI exhibited significant efficacy and safety for key outcomes.

1.3.4.4. Zhong 2020

Zhong Y, Song Y, Zeng F, Zhao Y, Black B, Guan Y. Effectiveness of electroacupuncture for female stress urinary incontinence: a systematic review and Meta-analysis. Journal of TCM. 2020;40(5):707-720. [221092]. https://doi.org/10.19852/j.cnki.jtcm.2020.05.001

Objective	To evaluate the effectiveness of electroacupuncture (EA) for female stress urinary incontinence (SUI).
Methods	We searched 12 databases electronically from inception to November 2018 without language restrictions. We included randomized controlled trials (RCTs) involving women with SUI, but excludd other types of urinary incontinence or studies that were not RCTs. Two independent reviewers extracted study characteristics, with disagreements resolved by consensus. Data were pooled and expressed as mean difference (MD) for continuous outcomes and relative risk (RR) for dichotomous outcomes, with 95% confidence intervals (CI). This study was registered with the International Prospective Register of Systematic Reviews (number CRD42018089734).
Results	We found very low to high level evidence that EA improved the effective rate (RR = 2.03, 95%CI: 1.40, 2.95; P = 0.0002) and reduced urine leakage as measured by the 1-hour pad test (MD = 3.33, 95%CI: 0.89, 5.77; P = 0.008), International Consultation on Incontinence Questionnaire Short Form score (MD = 3.14, 95%CI: 2.42, 3.85; P < 0.00001), and 72-hour incontinence episodes (MD = 1.17, 95%CI: 0.56, 1.78; P = 0.0002) compared with sham electroacupuncture (SA), pelvic floor muscle training, and medication.
Conclusion	The effectiveness and safety of EA for key outcomes for women with SUI are statistically significantly better than those of SA, but most available evidence is very low or low quality. More well-designed RCTs are needed to confirm these findings.

1.3.4.5. Park 2017

Park Eo-Jin, Jo Hyun-Jeong, Jo Hee-Guen. [A Review of Research on Electroacupuncture for Female Stress Urinary Incontinence], J Korean Obstet Gynecol. 2017;30(4):149-74. [196145].

Objectives	The aim of this study is to establish a base for further research by reviewing studies on electroacupuncture (EA) for stress urinary incontinence (SUI).
Methods	Clinical studies concerning the effects of EA for SUI, were obtained from Cochrane Library, PubMed, CNKI, RISS, NDSL, KISS and OASIS.
Results	Forty-five studies met the criteria, which included **33 RCTs**, 1 pilot RCT, 4 non-randomized Clinical Trials, 6 Case studies and 1 Orthogonal design study with 3638 patients. There was only one article published in Korea. In these study, the most common primary outcome measurement was the pad test. Most of the studies showed the group treated by EA effects compared to the control group. Also, many interventions that combined with EA were found and all complex therapy group had significantly better than control group. 7 studies observed adverse events (AEs), four of which referred to EA related AEs among them. And 4 studies reported no AEs associated with EA.
Conclusions	Despite several limitations, various studies to prove limited yet effective EA on SUI provides much significance. Subsequent studies conducted by the complementary systematic review of the studies and well-designed clinical trials using the methodological quality will be needed to more firmly validate the therapeutic effect of EA on SUI.

2. Overviews of Systematic Reviews

2.1. Song 2024

Song X, Yang X, Wang J, Wu L, Li R, Cai Y, Li J, Ran D, Zhu Q, Li M, Shi L. Evidence evaluation of acupuncture and its related therapies for female urinary incontinence: an overview and quality assessment of systematic reviews and meta-analyses. Eur J Phys Rehabil Med. 2024 Oct;60(5):857-867. https://doi.org/10.23736/S1973-9087.24.08484-3

Introduction	Through methodological quality assessment, this paper summarized the report quality and evidence level of systematic reviews (SRs)/meta-analyses (MAs) of acupuncture and its related treatment of female urinary incontinence (UI).
Evidence acquisition	We conducted a comprehensive search in four internationally recognized databases (PubMed, Embase, Web of Science, Cochrane Library) for SRs/MAs pertaining to the treatment of female UI using acupuncture and its related therapies. We evaluated the methodological quality of the SRs/MAs using the “Assessing the Methodological Quality of Systematic Reviews 2” (AMSTAR-2) tool, assessed the quality of evidence using the “Grading of Recommendations, Assessment, Development, and Evaluation” (GRADE) system, and evaluated the reporting quality of the SRs/MAs using the “Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020” (PRISMA-2020) guidelines. This overview is registered with PROSPERO, CRD42024557600.

Evidence synthesis	In the final selection of **7 SRs/MAs**, a consistent finding of the superiority of acupuncture and related therapies in the treatment of female UI was observed. Methodological quality was classified according to AMSTAR-2, with three rated as “high,” two as “moderate,” and two as “low.” The main sources of downgrading included the absence of funding sources, failure to provide a reasonable explanation for heterogeneity, and not reporting potential conflicts of interest. According to the GRADE system, the quality of evidence ranged from moderate to very low. The most common reason for downgrading the evidence quality was the repeated utilization of the same original randomized controlled trials. Some results were also downgraded due to inconsistency, imprecision, and potential publication bias. According to the PRISMA-2020 statement, most SR/MAs clearly presented their title information, and almost all of them correctly used meta-analysis methods. However, some of them lacked comprehensive analysis and discussion of bias risk and consistency of results and were deficient in terms of protocol registration and documentation.
Conclusions	Acupuncture and related therapies demonstrate superiority in terms of efficacy and safety for the treatment of female urinary incontinence (UI). The overall quality of the SRs/MAs seems to be satisfactory, particularly when compared to studies of acupuncture for the treatment of other conditions. However, attention should still be given to the proper use of methods and ensuring completeness in reporting.

2.2. Shi 2022

Shi H, Zhao L, Cui L, Wang Z, Wang D, Liu P, Si G, Guo D, Liu W. A Critical Overview of Systematic Reviews and Meta-Analyses of Acupuncture for Female Stress Urinary Incontinence. Pain Res Manag. 2022 May 17;2022:5887862. https://doi.org/10.1155/2022/5887862

Objectives	As a urinary dysfunction disorder, stress urinary incontinence (SUI) is more common in women than in men. Acupuncture, a traditional minimally invasive technique, has potential efficacy in the treatment of SUI. The purpose of this overview is to critically assess the available evidence on acupuncture for the treatment of SUI in women.
Methods	Two researchers searched seven databases for systematic reviews (SRs)/meta-analyses (MAs) of randomized controlled trials (RCTs) on acupuncture for SUI. Two researchers assessed the included SRs/MAs using the Assessment of Multiple Systematic Reviews 2 (AMSTAR-2), the Risk of Bias in Systematic (ROBIS) scale, the list of Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA), and the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system.
Results	**Eight published SRs/Mas** were included in our overview. According to the results of the AMSTAR-2 assessment, all SRs/MAs were of very low quality. According to the ROBIS evaluation results, no SR/MA was assessed as low risk of bias. According to the results of the PRISMA checklist assessment, no SR/MA was fully reported on the checklist. According to GRADE, a total of 27 outcomes extracted from the included SRs/MAs were evaluated, and only 1 was rated as high quality.
Conclusions	Acupuncture may be an effective and safe complementary treatment for SUI in women. However, further standard and comprehensive SRs/MAs and RCTs are needed to provide an evidence-based medical rationale for this.

2.3. Kilpatrick 2020

Kilpatrick KA, Paton P, Subbarayan S, Stewart C, Abraha I, Cruz-Jentoft AJ, O'Mahony D, Cherubini A, Soiza RL. Non-pharmacological, non-surgical interventions for urinary incontinence in older persons: A systematic review of systematic reviews. The SENATOR project ONTOP series. Maturitas. 2020;133:42-48. [204791]. DOI

Background	Urinary incontinence is especially common in older age. Non-pharmacological therapies are particularly desirable in this group. OBJECTIVE: To define optimal evidence-based non-pharmacological, non-surgical therapies for urinary incontinence in older persons.
Methods	A Delphi process determined critical outcome measures of interest. Studies of any non-pharmacological intervention reporting critical outcomes were identified through database searches for relevant systematic reviews in Medline, Embase, CINAHL, PsycInfo and Cochrane up to June 2018. Primary trials with a population mean age ≥65years were identified, from which data were extracted and risk of bias was assessed. Qualitative analysis and meta-analysis, when possible, were undertaken, followed by grading of the evidence using GradePro software. Finally, bullet-point recommendations were formulated for the indications and contraindications for non-pharmacological interventions for urinary incontinence in older persons.
Results	Frequency of incontinence was identified as a critically important outcome. In total, 33 systematic reviews were identified with 27 primary trials meeting inclusion criteria. Evaluated therapies included exercise therapy, habit retraining, behavioural therapy, electrical stimulation, transcutaneous tibial nerve stimulation, magnetic stimulation, caffeine reduction and **acupuncture**. From meta-analysis, group exercise therapy and behavioural therapy in women were beneficial in reducing episodes of incontinence (mean reduction of 1.07 (95 %CI 0.69-1.45) and 0.74 (95 %CI 0.42-1.06) episodes per day respectively, evidence grade 'moderate'). Evidence for other interventions was limited and of insufficient quality.
Conclusions	There is sufficient evidence to warrant recommendation of group exercise therapy for stress incontinence and behavioural therapy for urgency, stress or mixed urinary incontinence in older women. Evidence was insufficient to recommend any other non-drug therapy.
Acupuncture	1 study

3. Clinical Practice Guidelines

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

3.1. European Association of Urology (EAU) 2026 ⊕

Harding CK, Lapitan MC, Arlandis S, Bø K, Cobussen-Boekhorst H, Costantini E, Groen J, Nambiar AK, Omar MI, Peyronnet B, Phé V, et al. EAU Guidelines on Management of Non-Neurogenic Female Lower Urinary Tract Symptoms (LUTS). Arnhem (The Netherlands): European Association of Urology; 2026. https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Non-neurogenic-Female-LUTS-2026.pdf

Recommendations: Offer electroacupuncture in women with SUI (*Strength rating*: strong). Summary of evidence: Electroacupuncture improved SUI outcomes (LE: 1a).

Supporting references:

- 337- Lai, X., et al. Is electroacupuncture safe and effective for treatment of stress urinary incontinence in women? A systematic review and meta-analysis. J Int Med Res, 2020. 48: 300060520948337. https://www.ncbi.nlm.nih.gov/pubmed/33045874

3.2. Indian Menopause Society 2026 ⊕

Meeta M, Anuradha M, Ashraf AB, Aggarwal K, Digumarti L, Singh T. Clinical Practice Guidelines for Menopause: An Executive Summary and Recommendations: Indian Menopause Society 2026. J Midlife Health. 2026 Feb;17(Suppl 1):S12-S116. https://doi.org/10.4103/jmh.jmh_302_25

Urinary Incontinence: 122. Available interventions are PFMT, vaginal cone, biofeedback, electrical muscle stimulation, radiofrequency, and **electroacupuncture**.

3.3. Canadian Urological Association (CUA, Canada) 2024 ⊕

Carlson K, Andrews M, Bascom A, Baverstock R, Campeau L, Dumoulin C, Labossiere J, Locke J, Nadeau G, Welk B, Cox A, Nguyen L. 2024 Canadian Urological Association guideline: Female stress urinary incontinence. Can Urol Assoc J. 2024 Apr;18(4):83-102. https://doi.org/10.5489/cuaj.8751

Non-surgical management options: **acupuncture** (Strength of recommendation: weak, Quality of evidence: low)

World Federation of Acupuncture-moxibustion Societies (WFAS) 2024 ⊕

Yang C, Wang SZ, Chen S, Du S, Wang GQ, Guo W, Xie XL, Peng BH, Du SH, Zhao JP. Clinical practice guideline for acupuncture and moxibustion: Female urinary incontinence. J Integr Med. 2024 May;22(3):258-269. https://doi.org/10.1016/j.joim.2024.04.002

Conventional filiform needle therapy. SoR: Conditional recommendation, QoE: Low → Very low. **DPSLAT** (deep puncturing stimulation on lumbosacral acupoints therapy). SoR: Conditional recommendation, QoE: Moderate → Low → Very low. **Moxibustion**. SoR: Conditional recommendation, QoE: Very low.

3.5. Japanese Continence Society, Japanese Urological Association (JCS, JUA, Japan) 2019 ⊕

The Japanese Continence Society, the Japanese Urological Association. . [Clinical Guidelines for Female Lower Urinary Tract Symptoms] . 2nd ed. Tokyo: RichHill Medical Inc; 2019 [in Japanese] . *Cited by* Okawa Y, Yamashita H, Masuyama S, Fukazawa Y, Wakayama I. Quality assessment of Japanese clinical practice guidelines including recommendations for acupuncture. Integr Med Res. 2022 Sep;11(3):100838. https://doi.org/10.1016/j.imr.2022.100838

Female Lower Urinary Tract Sympoms. No firm evidence, but recommend. Grade C1 (out of A to D and I).

3.6. Agency for Healthcare Research and Quality (AHRQ, USA) 2018 ⊕

Balk E, Adam GP, Kimmel H, Rofeberg V, Saeed I, Jeppson P, Trikalinos T. Nonsurgical Treatments for Urinary Incontinence in Women: A Systematic Review Update, Comparative Effectiveness Review No. 212. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ publication). 2018. 643p. [196362].

Neuromodulation: Electroacupuncture, InterStim™, magnetic stimulation, TENS.
Stress UI: Neuromodulation is more effective than no treatment for cure, improvement, and satisfaction (risk of biais: low, Consistency: consistent , Precision: precise, Directness: direct; Overall SoE: High).
Urgency UI: BTX and neuromodulation more effective than no therapy for cure, improvement, and satisfaction (risk of biais: low, Consistency: consistent , Precision: precise, Directness: direct; Overall SoE: High); (moderate or low SoE for improvement or satisfaction due to sparseness, indirectness, and nonsignificance).
Mixed UI: Neuromodulation has sparse evidence of greater UI improvement compared with no treatment. Consistent with overall network meta-analysis (risk of biais: low, Consistency: consistent , Precision: imprecise, Directness: direct; Overall SoE: low),
Quality of life: Neuromodulation better than sham interventions (risk of biais: low, Consistency: consistent , Precision: precise, Directness: direct; Overall SoE: low).

3.7. Belgian Health Care Knowledge Centre (KCE, Belgium) 2018 ⊕

Obyn C, Jespers V, Camberlin C. Optimisation of RIZIV – INAMI lump sums for incontinence. KCE Reports 304. Brussels: Belgian Health Care Knowledge Centre (KCE). 2018:239p. [219395]. https://kce.fgov.be/sites/default/files/atoms/files/KCE_304_Optimisation_lump_sums_incontinence_Report.pd

First-line treatments consist of conservative treatments, such as lifestyle interventions, pelvic floor muscle training with or without biofeedback, vaginal cone therapy and use of pessaries, sacral neuromuscular electronical stimulation, stimulation of the tibial nerve, scheduled voiding regimens (bladder training, timed voiding, habit training, prompted voiding), and **acupuncture**. These treatments have relatively high success rates if they are initiated at an early stage of the incontinence symptoms. They have fewer risks and adverse effects compared with pharmacologic or surgical treatments, and are less expensive, making them well-suited for all patients including older women.

3.8. Agency for Healthcare Research and Quality (AHRQ, USA) 2014 Ø

Shamliyan T, Wyman J, Kane RL. Nonsurgical Treatments for Urinary Incontinence in Adult Women: Diagnosis and Comparative Effectiveness (comparative Effectiveness Review no. 36.). Rockville, MD: Agency for Healthcare Research and Quality, AHRQ publication no. 11. 2014. [202251].. URL

Evidence was insufficient to conclude improvement in UI after acupuncture. Low evidence suggested possible improvement in quality of life after active acupuncture.

3.9. American College of Physicians (ACP, USA) 2014 Ø

Qaseem A, Dallas P, Forciea MA, Starkey M, Denberg TD, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Nonsurgical management of urinary incontinence in women: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2014;161(6):429-40. [198260].

Other Treatments. Evidence was insufficient to determine the effectiveness of behavioral modification programs, a soy-enriched diet, or **acupuncture** for improving UI in women with mixed UI.

4. Randomized Controlled Trials

4.1. Sources

1. **Acudoc2**: Base de données du Centre de documentation du GERA. ECR non inclus dans les autres sources.
2. **Liu 2024**: Liu W, Sun X, Gao Y, Sun H, Feng H, Tan H, Chen Q, Peng L, Wu IX. Comparative effectiveness of nonsurgical interventions for urinary incontinence in older women: A systematic review and network meta-analysis. Arch Gerontol Geriatr. 2024 Jan;116:105214. https://doi.org/10.1016/j.archger.2023.105214 **[n=7]**
3. **Cui 2023**/ Cui Y, Ma Q, Zhang Y, Wei G, Zhou Z. The Efficacy and Safety of Acupuncture in Treating Stress Urinary Incontinence in Women from a Meta-Analysis of Four Randomized Controlled Trials. Arch Esp Urol. 2023 Feb;76(1):40-49. https://doi.org/10.56434/j.arch.esp.urol.20237601.3. https://pubmed.ncbi.nlm.nih.gov/36914418.**[n=4]**
4. **Long 2022**: Long Z, Chen H, Yu S, Wang X, Liu Z. Effect of Acupuncture for Mixed Urinary Incontinence in Women: A Systematic Review. Front Public Health. 2022 Mar 18;10:827853. https://doi.org/10.3389/fpubh.2022.827853 **[n=3]**
5. **AHRQ 2018**: Balk E, Adam GP, Kimmel H, Rofeberg V, Saeed I, Jeppson P, Trikalinos T. Nonsurgical Treatments for Urinary Incontinence in Women: A Systematic Review Update, Comparative Effectiveness Review No. 212. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ publication). 2018. 643p. [196362].
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7. **Zhang 2016**: Zhang Yan, Xie Jiangping. [A Meta-analysis of treating female stress urinary incontinence by acupuncture]. Clinical Journal of Chinese Medicine. 2016;8(22):16-20. [201954]
8. **AHRQ 2014**: Shamliyan T, Wyman J, Kane RL. Nonsurgical Treatments for Urinary Incontinence in Adult Women: Diagnosis and Comparative Effectiveness (comparative Effectiveness Review no. 36.). Rockville, MD: Agency for Healthcare Research and Quality, AHRQ publication no. 11. 2014. [202251].
9. **Paik 2013**: Paik SH, Han SR, Kwon OJ, Ahn Ym, Lee Bc, Ahn Sy. Acupuncture for the treatment of urinary incontinence: a review of randomized controlled trials. Exp Ther Med. 2013;6(3):773-780. 160279.
10. **Wang 2014**: Wang Lei ,Fu Li - Xin , Zhu Yuan , et al. [Systematic review of domestic literature of therapeutic effect of acupuncture on stress urinary incontinence]. Journal of Clinical Acupuncture and Moxibustion. 2014;30(9):64. [173471].
11. **Wang 2013**: Wang Y, Zhishun L, Peng W, Zhao J, Liu B. Acupuncture for stress urinary incontinence in adults. Cochrane Database Syst Rev. 2013. [160667].

4.2. List

	Reference	Control	Sources
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2019	Li HY. Nursing intervention measures of traditional Chinese medicine for stress urinary incontinence in elderly women. Health horizon. 2017;(22):102 (in Chinese).		Liu 2024

	Reference	Control	Sources
	Liu B, Liu Y, Qin Z, Zhou K, Xu H, He L, Li N, Su T, Sun J, Yue Z, Zang Z, Zhang W, Zhao J, Zhou Z, Liu L, Wu D, Wu J, Zhou J, Pang R, Wang Y, Liu J, Yu J, Liu Z. Electroacupuncture Versus Pelvic Floor Muscle Training Plus Solifenacin for Women With Mixed Urinary Incontinence: A Randomized Noninferiority Trial. Mayo Clin Proc. 2019;94(1):54-65. [198021] - Sun Y, Liu Y, Liu S, Wang W, Liu Z. Electroacupuncture for women with urgency-predominant mixed urinary incontinence: secondary analysis of a randomized noninferiority trial. World J Urol. 2019. [202621]. - Wang W, Liu Y, Su T, Sun Y, Liu Z. Comparing the effect of electroacupuncture treatment on obese and non-obese women with stress urinary incontinence or stress-predominant mixed urinary incontinence: A secondary analysis of two randomised controlled trials. Int J Clin Pract. 2019.e13435. [202734].		Long 2022
	Wang LL, Ren ZX, Zhu JY, Zhang HL, Wu YR. [Efficacy of electroacupuncture combined with penetrating moxibustion for postpartum stress urinary incontinence]. Chinese Acupuncture and Moxibustion. 2019;39(6):599-603. [201207].		Acudoc2
2017	Chen Zhuo-wei, Wang Dun-jian, Yuan Ai-qin. [Therapeutic Observation of Acupuncture at Jiaji (EX-B 2) Points plus Pelvic Floor Muscle Exercises for Postpartum Stress Urinary Incontinence] Shanghai Journal of Acupuncture and Moxibustion. 2017;36(3):308-311. [178046].		Acudoc2

	Reference	Control	Sources
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	Lin Ling. [20 cases of female stress incontinence treated by moxibustion Yongquan combined with electroacupuncture]. Fujian Journal of TCM. 2017;48(3):66. [203288].		Park 2017
	Liu Z, Liu Y, Xu H, He L, Chen Y, Fu L, Li N, Lu Y, Su T, Sun J. Effect of Electroacupuncture on Urinary Leakage Among Women With Stress Urinary Incontinence: A Randomized Clinical Trial. JAMA. 2017;317(24):2493-250. [195729 Wang W, Liu Y, Sun S, Liu B, Su T, Zhou J, Liu Z. Electroacupuncture for postmenopausal women with stress urinary incontinence: secondary analysis of a randomized controlled trial. World J Uro. 2019;37(7):1421-1427. [202731]. - Jiao R, Liu Y, Liu B, Liu Z. Risk factors related to acupuncture response in postmenopausal women with stress urinary incontinence: Secondary analysis of a randomized controlled trial. Medicine (Baltimore). 2019;98(16). [197324] - Wang W, Liu Y, Su T, Sun Y, Liu Z. Comparing the effect of electroacupuncture treatment on obese and non-obese women with stress urinary incontinence or stress-predominant mixed urinary incontinence: A secondary analysis of two randomised controlled trials. Int J Clin Pract. 2019.e13435. [202734].	Sham	Cui 2023, AHRQ 2018, Park 2017
	Wang Qiong, Xue Yu-ting, Tang Jian, Cao Zheng-liang, Zhang Wei. [RCTs of Electro-acupuncture in the Treatment of Moderate or Severe Female Mixed Urinary Incontinence]. Journal of Clinical Acupuncture and Moxibustion. 2017;33(10): 27-30. [100814].		Acudoc2
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	Reference	Control	Sources
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	He E, Chen Y, Tian H, Zhao J. [Effective observation of electroacupuncture with different courses for female stress urinary incontinence]. Chinese Acupuncture and Moxibustion. 2016;36(4):351-4. [186693].		Park 2017
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