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# infantile anorexia:

## Anorexie infantile : évaluation de l'acupuncture

Articles connexes: - [troubles du comportement alimentaire](#) -

### 1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture
☆☆	Evidence for effectiveness of acupuncture
☆	Limited evidence for effectiveness of acupuncture
∅	No evidence or insufficient evidence

#### 1.1. Generic Acupuncture

##### 1.1.1. Lee 2022 ☆

Lee B, Ko MM, Lee SH, Chang GT. Acupuncture for the treatment of childhood anorexia: A systematic review and meta-analysis. *Complement Ther Med*. 2022 Dec;71:102893.

<https://doi.org/10.1016/j.ctim.2022.102893>

<b>Objectives</b>	Childhood anorexia, among the commonest symptoms of children, involved long-term loss of appetite/decreased food intake and refusal to try or eat certain foods. Acupuncture is increasingly popular in childhood anorexia due to the side effects and dissatisfaction of conventional treatment, but, the efficacy and safety of acupuncture for childhood anorexia have not been reviewed systematically.
<b>Methods</b>	From 12 electronic databases, randomized controlled trials (RCTs) assessing acupuncture for childhood anorexia were identified in June 2021, with posttreatment improvement in clinical symptoms of anorexia as the primary outcome. A meta-analysis was conducted if two or more studies used the same interventions or same outcome measures. The risk of bias and quality of evidence were evaluated.
<b>Results</b>	A total of <b>32 RCTs with 3518 participants</b> were included. When acupuncture was used as monotherapy or adjunctive therapy, the total effectiveness rate based on anorexia symptoms, hemoglobin levels, abdominal subcutaneous fat, and body weight significantly improved. However, results in nutritional indices were inconsistent. The recurrence rate of anorexia was significantly lower in the acupuncture group. No serious adverse events in relation to acupuncture were reported. In general, the risk of bias of the included studies was unclear and the quality of evidence for the main findings was low to moderate.
<b>Conclusions</b>	Acupuncture may improve symptoms of childhood anorexia without serious adverse events. However, because of the low methodological quality and quality of evidence in existing reports, further high-quality clinical trials are needed to conclusively establish the efficacy and safety of this treatment.

## 1.2. Special Acupuncture Techniques

### 1.2.1. Sifeng acupoints

Article connexe: - [points sifeng](#) -

#### 1.2.1.1. Chen 2023

Chen Y, Lun T, Li L, Yu J, Xiang M. Acupuncture at Sifeng (EX-UE 10) for pediatric anorexia: A systematic review and meta-analysis. *Complement Ther Med.* 2023 Nov;78:102988. <https://doi.org/10.1016/j.ctim.2023.102988>

<b>Objective</b>	The purpose of this study was to assess the efficacy and safety of acupuncture at Sifeng for pediatric anorexia.
<b>Methods</b>	The randomized controlled trials (RCTs) of acupuncture at Sifeng for pediatric anorexia from their beginning to October 2022 were looked up in the seven databases. The Cochrane risk of bias evaluation tool was applied to the risk of bias analysis of the included studies. A meta-analysis of the total efficiency, score of food intake reduction, time to normalize food intake, body weight, leptin levels, and blood zinc levels was performed using Review Manager 5.3 software. The GRADE criteria were applied to assess the evidence's quality.
<b>Results</b>	A total of <b>24 RCTs were included, involving 2202 children</b> . The allocation of concealment, blinding, and selective reporting has a high or unclear risk of bias. All experiments compared acupuncture at Sifeng with traditional Chinese medicine or Western medicine. The results showed that, compared with medicine, acupuncture at Sifeng could significantly improve the total efficiency (OR=6.44, 95%CI [4.78,8.66]), lower the score of food intake reduction (MD=-0.69, 95%CI [-1.00, -0.39]), decrease leptin levels (MD=-5.19, 95%CI [-8.09, -2.29]) and time to normal food intake (MD=-2.22, 95%CI [-2.42, -2.01]), increase blood zinc (MD=0.79, 95%CI [0.21, 1.37]) and body weight (MD=1.28, 95%CI [0.85, 1.72]). Seven studies found that the treatment was safe both during and after. Based on the GRADE criteria, the quality of the evidence for the majority of indicators was extremely poor.
<b>Conclusion</b>	The low certainty of evidence suggested that acupuncture at Sifeng was effective and safe in the therapy of pediatric anorexia. Future high-quality clinical studies are needed to provide more reliable evidence of the effectiveness and safety of the therapy.

#### 1.2.1.2. Yang 2018

Yang Fushuang, Wang Zhongtian, Sun Liping. [Efficacy and safety of acupuncture at point EX-UE10 for infantile anorexia: a Meta-analysis]. *Chinese Pediatrics of Integrated Traditional and Western Medicine.* 2018;5:395-399. [201759].

<b>Objective</b>	To systematically review the efficacy and safety of acupuncture at point EXUE10 for patients with infantile anorexia.
<b>Methods</b>	PubMed, Embase, The Cochrane Library, CNKI, CBM and WanFang Data databases were electronically searched to collect the randomized controlled trials about acupuncture at point EX-UE10 versus conventional drugs for patients with infantile anorexia from inception to January 2018. Two reviewers independently screened the literature, extracted the data and assessed the risk of bias of included studies, and meta-analysis was then performed using RevMan 5.3 software.

<b>Results</b>	A total of 8 studies involving 737 patients with infantile anorexia were included. Meta-analysis showed that: compared with the control group, acupuncture at point EX-UE10 was more effective in treating infantile anorexia, and there was significant difference between two groups[OR=4.37,95%CI(2.87,6.66),P<0.000 01]; in the eight studies included, no significant adverse reactions were reported with the experiment group.
<b>Conclusion</b>	The treatment of acupuncture at point EX-UE10 is effective for patients with infantile anorexia and is simple and easy to operate with high safety, so it is worthy of wide use in clinics. Due to limited quantity and quality of the included studies, the above conclusion needs to be further verified by more high quality studies.

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