# Table des matières

## 1. Revues synthétiques et méta-analyses

<table>
<thead>
<tr>
<th>1.1. Acupuncture générique</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1. Vickers 2018 ★★★</td>
<td>1</td>
</tr>
<tr>
<td>1.1.2. Sun 2012 ☆☆☆</td>
<td>2</td>
</tr>
<tr>
<td>1.1.3. Vickers 2012 ☆☆☆</td>
<td>2</td>
</tr>
<tr>
<td>1.1.4. Sun 2008 ☆☆☆</td>
<td>2</td>
</tr>
<tr>
<td>1.1.5. Melchart 2001 ☆</td>
<td>3</td>
</tr>
<tr>
<td>1.1.6. Manias 2000 ☆</td>
<td>4</td>
</tr>
<tr>
<td>1.1.7. Melchart 1999 ☆</td>
<td>4</td>
</tr>
</tbody>
</table>

## 1.2. Formes cliniques particulières

<table>
<thead>
<tr>
<th>1.2.1. Migraines</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.2. Céphalées de tension</td>
<td>5</td>
</tr>
<tr>
<td>1.2.3. Céphalées neuro-vasculaires</td>
<td>5</td>
</tr>
</tbody>
</table>

## 2. Revues de revues systématiques

| 2.1. Millstine 2017 ☆☆                                   | 5 |

## 3. Recommandation pour la pratique clinique

<table>
<thead>
<tr>
<th>3.1. European Headache Federation (EHF) 2019 ⊕</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2. National Health Service, Scottish Government (Scotland) 2018 ⊕ (children)</td>
<td>6</td>
</tr>
<tr>
<td>3.3. Aetna (insurance provider, USA) 2018 ⊕</td>
<td>6</td>
</tr>
<tr>
<td>3.4. Canadian Medical Association (CMA, Canada) 2017 ⊕</td>
<td>6</td>
</tr>
<tr>
<td>3.5. Emblemhealth (insurance provider, USA) 2017 ⊕</td>
<td>6</td>
</tr>
<tr>
<td>3.6. Toward Optimized Practice, Institute of Health Economics (TOP, IHE, Canada) 2016 ⊕</td>
<td>7</td>
</tr>
<tr>
<td>3.7. U.S. Navy Bureau of Medicine and Surgery (USA) 2013 ⊕</td>
<td>7</td>
</tr>
<tr>
<td>3.8. Japanese Society of Neurology (JSN, Japan) 2013 ⊕</td>
<td>7</td>
</tr>
<tr>
<td>3.9. National Institute for Health and Clinical Excellence (NICE, UK) 2012 ⊕</td>
<td>7</td>
</tr>
<tr>
<td>3.10. Toward Optimized Practice, Institute of Health Economics (TOP, IHE, Canada) 2012 ⊕</td>
<td>7</td>
</tr>
<tr>
<td>3.11. Colorado Division of Workers' Compensation (USA) 2012 ⊕</td>
<td>8</td>
</tr>
<tr>
<td>3.12. European Headache Federation (EHF) 2007 ⊕</td>
<td>8</td>
</tr>
<tr>
<td>3.13. Agence Nationale d’accréditation et d’évaluation en Santé (ANAES, France) 2004 ⊕</td>
<td>8</td>
</tr>
</tbody>
</table>
Céphalées : évaluation de l'acupuncture

Articles connexes: - migraines - céphalées de tension - céphalées neurovasculaires - conduites thérapeutiques - pathologies - qigong - acupuncture expérimentale -

1. Revues synthétiques et méta-analyses

1.1. Acupuncture générique

1.1.1. Vickers 2018 ★★★


<table>
<thead>
<tr>
<th>Purpose</th>
<th>Our objective was to update an individual patient data meta-analysis to determine the effect size of acupuncture for 4 chronic pain conditions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods</td>
<td>We searched MEDLINE and the Cochrane Central Registry of Controlled Trials randomized trials published up until December 31, 2015. We included randomized trials of acupuncture needling versus either sham acupuncture or no acupuncture control for nonspecific musculoskeletal pain, osteoarthritis, chronic headache, or shoulder pain. Trials were only included if allocation concealment was unambiguously determined to be adequate. Raw data were obtained from study authors and entered into an individual patient data meta-analysis.</td>
</tr>
<tr>
<td>Results</td>
<td>The main outcome measures were pain and function. An additional 13 trials were identified, with data received for a total of 20,827 patients from 39 trials. <strong>Acupuncture was superior to sham as well as no acupuncture control for each pain condition (all P &lt; .001) with differences between groups close to .5 SDs compared with no acupuncture control and close to .2 SDs compared with sham. We also found clear evidence that the effects of acupuncture persist over time with only a small decrease, approximately 15%, in treatment effect at 1 year.</strong> In secondary analyses, we found no obvious association between trial outcome and characteristics of acupuncture treatment, but effect sizes of acupuncture were associated with the type of control group, with smaller effects sizes for sham controlled trials that used a penetrating needle for sham, and for trials that had high intensity of intervention in the control arm. <strong>We conclude that acupuncture is effective for the treatment of chronic pain, with treatment effects persisting over time.</strong> Although factors in addition to the specific effects of needling at correct acupuncture point locations are important contributors to the treatment effect, decreases in pain after acupuncture cannot be explained solely in terms of placebo effects. Variations in the effect size of acupuncture in different trials are driven predominantly by differences in treatments received by the control group rather than by differences in the characteristics of acupuncture treatment.</td>
</tr>
<tr>
<td>Perspective</td>
<td><strong>Acupuncture is effective for the treatment of chronic musculoskeletal, headache, and osteoarthritis pain. Treatment effects of acupuncture persist over time and cannot be explained solely in terms of placebo effects.</strong> Referral for a course of acupuncture treatment is a reasonable option for a patient with chronic pain..</td>
</tr>
</tbody>
</table>
1.1.2. Sun 2012 ☆☆☆


**Objective**
To evaluate the efficacy of acupuncture for treatment of chronic headache.

**Methods**
The following databases were searched for randomized controlled trials on the use of acupuncture for chronic headache: Medline (1966~2011), CINAHL, Cochrane Central Register of Controlled Trials and Scopus. Studies were included if they enrolled adults with chronic headache and were randomized to receive needling acupuncture treatment or sham acupuncture. The data on headache intensity, frequency and response rate were extracted for analysis.

**Results**
Seventeen trials were included in this review. The majority of included trials showed a trend in favor of acupuncture. The combined response rate in the acupuncture group was significantly higher as compared with sham acupuncture either at the early follow-up period (risk ratio (RR)=1.19, 95% confidence interval (CI): 1.08~1.30) or late follow-up period (RR=1.22, 95% CI: 1.04~1.43).

**Conclusion**
Needling acupuncture was superior to sham acupuncture in management of chronic headache.

1.1.3. Vickers 2012 ☆☆☆


**Purpose**
We aimed to determine the effect size of acupuncture for 4 chronic pain conditions: back and neck pain, osteoarthritis, chronic headache, and shoulder pain.

**Methods**
We conducted a systematic review to identify randomized controlled trials (RCTs) of acupuncture for chronic pain in which allocation concealment was determined unambiguously to be adequate. Individual patient data meta-analyses were conducted using data from 29 of 31 eligible RCTs, with a total of 17 922 patients analyzed.

**Results**
In the primary analysis, including all eligible RCTs, acupuncture was superior to both sham and noacupuncture control for each pain condition (P<.001 for all comparisons). After exclusion of an outlying set of RCTs that strongly favored acupuncture, the effect sizes were similar across pain conditions. Patients receiving acupuncture had less pain, with scores that were 0.23 (95% CI, 0.13-0.33), 0.16 (95% CI, 0.07-0.25), and 0.15 (95% CI, 0.07-0.24) SDs lower than sham controls for back and neck pain, osteoarthritis, and chronic headache, respectively; the effect sizes in comparison to noacupuncture controls were 0.55 (95% CI, 0.51-0.58), 0.57 (95% CI, 0.50-0.64), and 0.42 (95% CI, 0.37-0.46) SDs. These results were robust to a variety of sensitivity analyses, including those related to publication bias.

**Conclusion**
Acupuncture is effective for the treatment of chronic pain and is therefore a reasonable referral option. Significant differences between true and sham acupuncture indicate that acupuncture is more than a placebo. However, these differences are relatively modest, suggesting that factors in addition to the specific effects of needling are important contributors to the therapeutic effects of acupuncture.

1.1.4. Sun 2008 ☆☆☆

**Objectives**
The objective of this review was to evaluate the efficacy of acupuncture for treatment of chronic headache.

**Methods**
We searched the databases of Medline (1966-2007), CINAHL, The Cochrane Central Register of Controlled Trials (2006), and Scopus for randomized controlled trials investigating the use of acupuncture for chronic headache. Studies were included in which adults with chronic headache, including migraine, tension-type headache or both, were randomized to receive needling acupuncture treatment or control consisting of sham acupuncture, medication therapy, and other nonpharmacological treatments. We extracted the data on headache intensity, headache frequency, and response rate assessed at early and late follow-up periods.

**Results**
Thirty-one studies were included in this review. The majority of included trials comparing true acupuncture and sham acupuncture showed a trend in favor of acupuncture. The combined response rate in the acupuncture group was significantly higher compared with sham acupuncture either at the early follow-up period (risk ratio [RR]: 1.19, 95% confidence interval [CI]: 1.08, 1.30) or late follow-up period (RR: 1.22, 95% CI: 1.04, 1.43). Combined data also showed acupuncture was superior to medication therapy for headache intensity (weighted mean difference: -8.54 mm, 95% CI: -15.52, -1.57), headache frequency (standard mean difference: -0.70, 95% CI: -1.38, -0.02), physical function (weighted mean difference: 4.16, 95% CI: 1.33, 6.98), and response rate (RR: 1.49, 95% CI: 1.02, 2.17).

**Conclusion**
Needling acupuncture is superior to sham acupuncture and medication therapy in improving headache intensity, frequency, and response rate.

### 1.1.5. Melchart 2001


**Background**
Acupuncture is widely used for the treatment of headache, but its effectiveness is controversial.

**Objectives**
To determine whether acupuncture is more effective than no treatment, more effective than 'sham' (placebo) acupuncture, as effective as other interventions used to treat idiopathic (primary) headaches.

**Methods**
Search strategy: Electronic searches were performed in MEDLINE, EMBASE, the Cochrane Controlled Trials Register, and the database of the Cochrane Field for Complementary Medicine. We also contacted researchers in the field and checked the bibliographies of all articles obtained. Selection criteria: Randomized or quasi-randomized clinical trials comparing acupuncture with any type of control intervention for the treatment of idiopathic (primary) headaches were included. Data collection and analysis: Information on patients, interventions, methods, and results was extracted by at least two independent reviewers using a pre-tested standard form. Results on headache frequency and intensity were summarized descriptively. Responder rate ratios (responder rate in treatment group/responder rate in control group) were calculated as a crude indicator of results for sham-acupuncture-controlled trials. Quantitative meta-analysis was not possible due to trial heterogeneity and insufficient reporting.
### Main results

**Twenty-six trials including a total of 1151 patients** (median, 37; range, 10-150) met the inclusion criteria. Sixteen trials were conducted among patients with migraine, six among patients with tension-type headache, and four among patients with various types of headaches. The majority of trials had methodological and/or reporting shortcomings. In eight of the 16 trials comparing true and sham (placebo) acupuncture in migraine and tension-type headache patients, true acupuncture was reported to be significantly superior; in four trials there was a trend in favor of true acupuncture; and in two trials there was no difference between the two interventions. (Two trials were uninterpretable.) The 10 trials comparing acupuncture with other forms of treatment yielded contradictory results.

### Reviewers' conclusions

Overall, the existing evidence supports the value of acupuncture for the treatment of idiopathic headaches. However, the quality and amount of evidence are not fully convincing. There is an urgent need for well-planned, large-scale studies to assess the effectiveness and cost-effectiveness of acupuncture under real-life conditions.

### 1.1.6. Manias 2000 ☆


Twenty-seven clinical trials that evaluated the efficacy of acupuncture in the treatment of primary headaches (migraine headache, tension-type headache, and mixed forms) were reviewed. In the majority of the trials (23 of the 27 trials), it was concluded that acupuncture offers benefits in the treatment of headaches. Conversely, the evaluation of physical forms of treatment, including acupuncture, has special difficulties, and certain parameters in the study design need consideration. Acupuncture methods need individualization, a carefully selected placebo ("minimal acupuncture" seems to be best), and the crossover design must have adequate time between the two treatment periods. Clinical trials that evaluate acupuncture frequently are characterized by several inadequacies (including some from these evaluating headaches), but it seems that additional clinical research is necessary to confirm its efficacy and to clarify its indications.

### 1.1.7. Melchart 1999 ☆


**Objective**

To assess whether there is evidence that acupuncture is treatment of recurrent headaches.

**Méthods**

systematic review. Study selection: Randomized or quasi-randomized clinical trials comparing acupuncture with any type of control intervention for the treatment of recurrent headaches. Data sources: Electronic databases (Medline, Embase, Cochrane Field for Complementary Medicine, Cochrane Controlled Trials Register), personal communications and bibliographies. Data collection and analysis: Inform. methods, and results were extracted by at least two independent reviewers using a pretested form. A pooled estimate of the responder rate ratio (responder rate in treatment group/responder rate in control group) was calculated as a crude indicator of trial results as meta-analysis of more specific outcome data was impossible due to heterogeneity and insufficient reporting.

**Results**

**Twenty-two trials, including a total of 1042 patients** (median 36, range 10-150), met the inclusion criteria. Fifteen trials were in migraine patients, six in tension-headache patients, and in one trial patients with various headaches were included. The majority of the 14 trials comparing true and sham acupuncture showed at least a trend in favor of true acupuncture. The pooled responder rate ratio was 1.53 (95% confidence interval 1.11 to 2.11). The eight trials comparing acupuncture and other treatment forms had contradictory results.
Conclusions: Overall, the existing evidence suggests that acupuncture has a role in the treatment of recurrent headaches. However, the quality and amount of evidence is not fully convincing. There is urgent need for well-planned, large-scale studies to assess effectiveness and efficiency of acupuncture under real life conditions.

1.2. Formes cliniques particulières

1.2.1. Migraines

Voir l' article correspondant

1.2.2. Céphalées de tension

Voir l'article correspondant

1.2.3. Céphalées neuro-vasculaires

Voir l'article correspondant

2. Revues de revues systématiques

2.1. Millstine 2017 ☆☆

Millstine D, Chen CY, Bauer B. Complementary and integrative medicine in the management of headache. BMJ. 2017. [142238]. Headaches, including primary headaches such as migraine and tension-type headache, are a common clinical problem. Complementary and integrative medicine (CIM), formerly known as complementary and alternative medicine (CAM), uses evidence informed modalities to assist in the health and healing of patients. CIM commonly includes the use of nutrition, movement practices, manual therapy, traditional Chinese medicine, and mind-body strategies. This review summarizes the literature on the use of CIM for primary headache and is based on five meta-analyses, seven systematic reviews, and 34 randomized controlled trials (RCTs). The overall quality of the evidence for CIM in headache management is generally low and occasionally moderate. Available evidence suggests that traditional Chinese medicine including acupuncture, massage, yoga, biofeedback, and meditation have a positive effect on migraine and tension headaches. Spinal manipulation, chiropractic care, some supplements and botanicals, diet alteration, and hydrotherapy may also be beneficial in migraine headache. CIM has not been studied or it is not effective for cluster headache. Further research is needed to determine the most effective role for CIM in patients with headache.

3. Recommandation pour la pratique clinique

⊕ recommandation positive (quelque soit le niveau de preuve annoncé)
Ø recommandation négative (ou absence de preuve)

3.1. European Headache Federation (EHF) 2019 ⊕

**Prophylactic management of episodic migraine:** Acupuncture has differing forms, and is highly dependent on the skill of the therapist. There is limited evidence that acupuncture can be effective in reducing intensity and frequency of migraine attacks, but large clinical trials have failed to distinguish between acupuncture and sham procedures. Benefits experienced by some patients may be attributable to placebo effect.

**Tension Type Headache (TTH):** There is limited evidence that acupuncture is effective in reducing intensity and frequency of TTH episodes. While some patients experience benefit, this may be due to placebo effect. Acupuncture has differing forms, and is highly dependent on the skill of the therapist.

### 3.2. National Health Service, Scottish Government (Scotland) 2018 ⊕ (children)


Acupuncture may be considered for managing chronic pain in children and young people, for back pain and headache. If used, efficacy should be formally assessed.

### 3.3. Aetna (insurance provider, USA) 2018 ⊕

Acupuncture. Aetna (insurance provider, USA). 2018. 73P. [188029].

Aetna considers needle acupuncture (manual or electroacupuncture) medically necessary for any of the following indications: **Chronic (minimum 12 weeks duration) headache**

### 3.4. Canadian Medical Association (CMA, Canada) 2017 ⊕

Lignes directrices canadiennes relatives à l’utilisation des opioïdes pour le traitement de la douleur chronique non cancéreuse, Canadian Medical Association. 2017:110P. [196698].

Recommandation 1: Lorsqu’on envisage le traitement d’un patient atteint de douleur chronique non cancéreuse nous recommandons l’optimisation de la pharmacothérapie non opioïde et du traitement non pharmacologique plutôt qu’un essai d’opioïdes (Recommandation Forte).

Le tableau 2 énumère certains des traitements spécifiques disponibles pour la prise en charge de la douleur chronique non cancéreuse ainsi que les données probantes appuyant chacun de ces traitements.

**Douleurs dorsales, ostéo-arthrite du genou, douleurs cervicales, fibromyalgie, céphalées graves ou migraines.** Qualité des données probantes : Faible ou très faible. Thérapies dont l’efficacité est appuyée par certaines données probantes : acupuncture, yoga, masstherapie, manipulation rachidienne, manipulation ostéopathique, tai-chi et approches de relaxation peuvent aider certains patients à gérer leur douleur.

### 3.5. Emblemhealth (insurance provider, USA) 2017 ⊕

Acupuncture — Medicare Dual-Eligible Members Emblemhealth. 2017. [111547].

3.6. Toward Optimized Practice, Institute of Health Economics (TOP, IHE, Canada) 2016 ⊕

Toward Optimized Practice. Primary Care Management of Headache in Adults. Edmonton (AB): Toward Optimized Practice. 2016. 76P. [168209].

**Do :** Acupuncture can be considered in the prophylactic treatment of patients with migraine. Treatment should consist of at least one to two sessions per week for several (2 or more) months, with each treatment lasting approximately 30 minutes (Systematic review). Tension type-Headache (TTH): Acupuncture may be considered for patients with frequent tension-type headaches.

3.7. U.S. Navy Bureau of Medicine and Surgery (USA) 2013 ⊕


Category A (fair to high quality evidence): Authorized and recommended for routine use. Headache.

3.8. Japanese Society of Neurology (JSN, Japan) 2013 ⊕


Despite advances in headache treatment, there remain many patients with chronic headache in whom pharmacotherapy alone is not adequately effective. For the treatment of refractory headache, a multidisciplinary team led by the headache specialist and supported by other health professionals including clinical psychotherapist, physical therapist, occupational therapist, nurse, pharmacist and acupuncturist is essential (grade A). Various types of tension-type headache exist, and the types that cause disability in daily living should be treated. Among them, frequent episodic tension-type headache and chronic tension-type headache require treatment. Therapies can be divided into acute treatment and prophylactic treatment, each of which can be pharmacotherapy and non-pharmacotherapy. For acute treatment, attention has to be paid to medication-overuse headache. For prophylactic therapy, occurrence of adverse effects should be monitored (grade A, C). Treatments for central mechanisms such as tricyclic antidepressants, stress management, relaxation training, and acupuncture; and therapies for peripheral mechanisms such as relaxation training and physical therapy have been investigated) (grade C recommendation).

3.9. National Institute for Health and Clinical Excellence (NICE, UK) 2012 ⊕


Prophylactic treatment 1.3.9 : Consider a course of up to 10 sessions of acupuncture over 5–8 weeks for the prophylactic treatment of chronic tension-type headache. [2012].

3.10. Toward Optimized Practice, Institute of Health Economics (TOP, IHE, Canada) 2012 ⊕

Toward Optimized Practice. Guideline for primary care management of headache in adults. Edmonton
Do : Acupuncture can be considered in the prophylactic treatment of patients with migraine. Treatment should consist of at least one to two sessions per week for several (2 or more) months, with each treatment lasting approximately 30 minutes (Systematic review). Tension type-Headache (TTH): Physical therapy and acupuncture may be considered for patients with frequent TTH.

3.11. Colorado Division of Workers' Compensation (USA) 2012 ⊕


Widely accepted treatments for post-traumatic headache may include, but are not limited to: interdisciplinary treatment, pharmacology, joint manipulation, physical therapy, massage, acupuncture, biofeedback, psychotherapy (i.e., cognitive behavioral therapy), and diet. There is strong evidence that acupuncture and sham acupuncture are prophylactic for migraines. There is good evidence that acupuncture has similar results as medication prophylaxis. There is some evidence that sham acupuncture is better than no treatment for migraine prophylaxis. These procedures should only be continued if functional gains are documented. Acupuncture, biofeedback, and cervical spinal manipulations are widely accepted and may be used for headaches or other painful conditions.


European Headache Federation. European principles of management of common headache disorders in primary care J Headache Pain. 2007;8:S1-47. [169126].

Acupuncture benefits some people with migraine or tension-type headache although large clinical trials have failed to distinguish between acupuncture and sham procedures. It requires skilled and individualised therapy.


À condition d’être couplées à un sevrage et à la mise en place d’un traitement de fond de la céphalée préexistante, d’autres techniques sont utilisées : neurostimulation acupuncturale (grade C) ; physiothérapie (grade C) ; acupuncture ; thérapies manuelles.

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