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Céphalées de tension : evaluation de l’acupuncture
Céphalées de tension : evaluation de l'acupuncture

Articles connexes: - céphalées - migraines - céphalées neurovasculaires

4. Revues systématiques et méta-analyses

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4.1. Acupuncture générique

4.1.1. Zhang 2018 ⭐⭐


**Objective**
To evaluate the therapeutic effect of acupuncture treatment for tension-type headache.

**Methods**
RCTs acupuncture treating tension-type headache were searched in domestic and overseas databases, and RevMan 5.3 software was applied for Meta-analysis.

**Results**
10 articles were included totally. Two of them were grade A researches, and the other eight were grade B researches. Results of Meta-analysis indicated that the total efficiency of acupuncture was 95%, which was significantly higher than sham acupuncture [RR: 1.25, CI (1.08–1.44), Z=2.99, P=0.003 <0.05], indicating that acupuncture was effective in relieving tension-type headache. It was also higher than NSAIDs [RR: 1.22, 95% CI (1.06–1.40), Z: 2.84, P=0.04 <0.05], indicating that acupuncture was superior to NSAIDs in relieving tension-type headache. Different acupuncture therapy were also showed difference in relieving tension-type headache [RR =1.35, 95% CI (1.02–1.79), Z=2.10, P=0.04 <0.05], indicating different acupuncture therapy had different curative effect in relieving tension-type headache.

**Conclusion**
The acupuncture treatment is effective for tension-type headache and the therapeutic effect is better than NSAIDs. Different acupuncture therapy has different curative effect.

4.1.2. Tang 2017 (céphalées d’origine cervicale) ⭐⭐


**Objective**
To systematically assess the efficacy of acupuncture treatment for cervicogenic headache.

**Methods**
This study contained a total of **13 trials, including 1783 patients**. Meta-analysis showed: (1) The effective rate of acupuncture treatment for cervicogenic headache is higher than oral medications (RR=1.35, 95% CI (1.26, 1.45)). (2) The acupuncture treatment of cervicogenic headache has better curative effect than non-steroidal anti-inflammatory drug (RR=1.28, 95% CI (1.20, 1.38)). (3) The score of VAS for cervicogenic headache has no obvious difference between acupuncture and non-steroidal antipyretic analgesic drugs or cervical joint traction [MD=0.93, 95%CI (-0.29, 2.16)].

**Conclusion**

Acupuncture treatment for cervicogenic headache is effective and safe. The quality of the literature is moderate. More high quality clinical studies are needed to further explore the effectiveness and safety of acupuncture treatment for cervicogenic headache.

### 4.1.3. Linde 2016 ★★★


**Background**

Acupuncture is often used for prevention of tension-type headache but its effectiveness is still controversial. This is an update of our Cochrane review originally published in Issue 1, 2009 of The Cochrane Library.

**Objectives**

To investigate whether acupuncture is a) more effective than no prophylactic treatment/routine care only; b) more effective than 'sham' (placebo) acupuncture; and c) as effective as other interventions in reducing headache frequency in adults with episodic or chronic tension-type headache.

**Search Methods**

We searched CENTRAL, MEDLINE, EMBASE and AMED to 19 January 2016. We searched the World Health Organization (WHO) International Clinical Trials Registry Platform to 10 February 2016 for ongoing and unpublished trials. Selection Criteria: We included randomised trials with a post-randomisation observation period of at least eight weeks, which compared the clinical effects of an acupuncture intervention with a control (treatment of acute headaches only or routine care), a sham acupuncture intervention or another prophylactic intervention in adults with episodic or chronic tension-type headache. Data Collection And Analysis: Two review authors checked eligibility; extracted information on participants, interventions, methods and results; and assessed study risk of bias and the quality of the acupuncture intervention. The main efficacy outcome measure was response (at least 50% reduction of headache frequency) after completion of treatment (three to four months after randomisation). To assess safety/acceptability we extracted the number of participants dropping out due to adverse effects and the number of participants reporting adverse effects. We assessed the quality of the evidence using GRADE (Grading of Recommendations Assessment, Development and Evaluation).
Main Results

Twelve trials (11 included in the previous version and one newly identified) with 2349 participants (median 56, range 10 to 1265) met the inclusion criteria. Acupuncture was compared with routine care or treatment of acute headaches only in two large trials (1265 and 207 participants), but they had quite different baseline headache frequency and management in the control groups. Neither trial was blinded but trial quality was otherwise high (low risk of bias). While effect size estimates of the two trials differed considerably, the proportion of participants experiencing at least 50% reduction of headache frequency was much higher in groups receiving acupuncture than in control groups (moderate quality evidence; trial 1: 302/629 (48%) versus 121/636 (19%); risk ratio (RR) 2.5; 95% confidence interval (CI) 2.1 to 3.0; trial 2: 60/132 (45%) versus 3/75 (4%); RR 11; 95% CI 3.7 to 35). Long-term effects (beyond four months) were not investigated.

Acupuncture was compared with sham acupuncture in seven trials of moderate to high quality (low risk of bias); five large studies provided data for one or more meta-analyses. Among participants receiving acupuncture, 205 of 391 (51%) had at least 50% reduction of headache frequency compared to 133 of 312 (43%) in the sham group after treatment (RR 1.3; 95% CI 1.09 to 1.5; four trials; moderate quality evidence). Results six months after randomisation were similar. Withdrawals were low: 1 of 420 participants receiving acupuncture dropped out due to adverse effects and 0 of 343 receiving sham (six trials; low quality evidence). Three trials reported the number of participants reporting adverse effects: 29 of 174 (17%) with acupuncture versus 12 of 103 with sham (12%; odds ratio (OR) 1.3; 95% CI 0.60 to 2.7; low quality evidence). Acupuncture was compared with physiotherapy, massage or exercise in four trials of low to moderate quality (high risk of bias); study findings were inadequately reported. No trial found a significant superiority of acupuncture and for some outcomes the results slightly favoured the comparison therapy. None of these trials reported the number of participants dropping out due to adverse effects or the number of participants reporting adverse effects. Overall, the quality of the evidence assessed using GRADE was moderate or low, downgraded mainly due to a lack of blinding and variable effect sizes.

Authors’ Conclusions

The available results suggest that acupuncture is effective for treating frequent episodic or chronic tension-type headaches, but further trials - particularly comparing acupuncture with other treatment options - are needed.

4.1.4. Zhang 2013 ☆☆


Objective

To systematically assess the efficacy and safety of acupuncture for the treatment of cervicogenic headache.

Methods

Randomized controlled trials (RCTs) involving acupuncture for the treatment of cervicogenic headache were identified from CBM (1978 to 2012), VIP (1989 to 2012), Wanfang Database (1998 to 2012), CNKI (1979 to 2012), PubMed (1966 to 2012), EMBase (1980 to 2012), and the Cochrane Library (Issue 4, 2012). Some relevant journals were hand-searched. Data were extracted by two reviewers independently and went through crosscheck. Data quality was evaluated with Cochrane Reviewer’s Manual 4.2.8. The Cochrane Collaboration’s RevMan 5.0 software was used for meta-analyses.
### Results

A total of **8 trials involving 1177 patients** were included. (1) The effective rate: ① Effect of the acupuncture group is significantly better than that of non steroidal anti-inflammatory drug group [RR=1. 41, 95% CI (1. 18, 1. 69)]. ②There was no statistically significant difference between acupuncture and non steroidal anti-inflammatory plus muscle relaxant drug group [RR=1. 36, 95%CI (0. 75, 2. 50)]. ③ Effects of the acupuncture group is significantly better than that of Flunarizine drug group [RR=1. 29, 95%CI (1. 05, 1. 58)]. ④ There was no statistically significant difference between acupuncture and nerve block plus votalin [RR=1. 08, 95%CI (0. 97, 1. 21)]. (2) The changes in visual analogue scale (VAS) scores: The score of VAS of headache and cervicodynia had no significant differences between acupuncture and non-steroidal anti-inflammatory drugs or combined with muscle relaxants [RR=1. 77, 95%CI (-0. 14, 3. 67)].

### Conclusion

Acupuncture therapy is safe and effective in the treatment of cervicogenic headache. Acupuncture may be superior to western drugs in rapid alleviation of pain. However, because of the defects in the methodological quality of the included trials, the conclusion is to be confirmed by more high quality RCTs.

### 4.1.5. Linde 2009 ★★★


| Purpose | To investigate whether acupuncture is a) more effective than no prophylactic treatment/routine care only; b) more effective than ‘sham’ (placebo) acupuncture; and c) as effective as other interventions in reducing headache frequency in patients with episodic or chronic tension-type headache. |
| Methods | Search strategy: The Cochrane Pain, Palliative & Supportive Care Trials Register, CENTRAL, MEDLINE, EMBASE and the Cochrane Complementary Medicine Field Trials Register were searched to January 2008. Selection criteria: we included randomized trials with a post-randomization observation period of at least 8 weeks that compared the clinical effects of an acupuncture intervention with a control (treatment of acute headaches only or routine care), a sham acupuncture intervention or another intervention in patients with episodic or chronic tension-type headache. Data collection and analysis: two reviewers checked eligibility; extracted information on patients, interventions, methods and results; and assessed risk of bias and quality of the acupuncture intervention. Outcomes extracted included response (at least 50% reduction of headache frequency; outcome of primary interest), headache days, pain intensity and analgesic use. |
| Results | **Eleven trials with 2317 participants** (median 62, range 10 to 1265) met the inclusion criteria. Two large trials compared acupuncture to treatment of acute headaches or routine care only. Both found statistically significant and clinically relevant short-term (up to 3 months) benefits of acupuncture over control for response, number of headache days and pain intensity. Long-term effects (beyond 3 months) were not investigated. Six trials compared acupuncture with a sham acupuncture intervention, and five of the six provided data for meta-analyses. Small but statistically significant benefits of acupuncture over sham were found for response as well as for several other outcomes. Three of the four trials comparing acupuncture with physiotherapy, massage or relaxation had important methodological or reporting shortcomings. Their findings are difficult to interpret, but collectively suggest slightly better results for some outcomes in the control groups. |
| Conclusion | In the previous version of this review, evidence in support of acupuncture for tension-type headache was considered insufficient. Now, with six additional trials, the authors conclude that acupuncture could be a valuable non-pharmacological tool in patients with frequent episodic or chronic tension-type headaches. |
### 4.1.6. Krishnan 2009 Ø


| Introduction | Chronic tension-type headache (CTTH) is a disorder that evolves from episodic tension-type headache, with daily or very frequent episodes of headache lasting minutes to days. It affects 4.1% of the general population in the USA, and is more prevalent in women (up to 65% of cases). |
| Methods and outcomes | We conducted a systematic review and aimed to answer the following clinical questions: What are the effects of drug treatments for chronic tension-type headache? What are the effects of non-drug treatments for chronic tension-type headache? We searched: Medline, Embase, The Cochrane Library, and other important databases up to March 2007 (Clinical Evidence reviews are updated periodically; please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA). |
| Results | We found 50 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions. |
| Conclusions | In this systematic review, we present information relating to the effectiveness and safety of the following interventions: acupuncture; amitriptyline; analgesics; anticonvulsant drugs; benzodiazepines; botulinum toxin; chiropractic and osteopathic manipulations; cognitive behavioural therapy (CBT); Indian head massage; mirtazapine; relaxation and electromyographic biofeedback; selective serotonin reuptake inhibitor antidepressants (SSRIs); and tricyclic antidepressants (other than amitriptyline). |
| Acupuncture | [We don't know whether acupuncture is effective in treating CTTH (chronic tension-type)]. |

### 4.1.7. Davis 2008 ☆☆


| Objectif | We investigated the efficacy and safety of acupuncture for the treatment of tension-type headache by conducting a systematic review and meta-analysis of randomized, controlled trials. |
| Méthod | The Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, and PsyclINFO were searched from inception through August 2007. No search or language restrictions were applied. Eight randomized, controlled trials met our inclusion criteria. Pooled data from 5 studies were used for the meta-analysis. Our primary outcome was headache days per month. We assessed data from 2 time points: during treatment and at long-term follow-up (20-25 weeks). The weighted mean difference (WMD) between acupuncture and sham groups was used to determine effect size, and a validated scale was used to assess the methodological quality of included studies. |
| Results | During treatment, the acupuncture group averaged 8.95 headache days per month compared with 10.5 in the sham group (WMD, -2.93 [95% CI, -7.49 to 1.64]; 5 trials). At long-term follow-up, the acupuncture group reported an average of 8.21 headache days per month compared with 9.54 in the sham group (WMD, -1.83[95% CI, -3.01 to -0.64]; 4 trials). The most common adverse events reported were bruising, headache exacerbation, and dizziness. |
Conclusions

This meta-analysis suggests that acupuncture compared with sham for tension-type headache has limited efficacy for the reduction of headache frequency. There exists a lack of standardization of acupuncture point selection and treatment course among randomized, controlled trials. More research is needed to investigate the treatment of specific tension-type headache subtypes.

4.1.8. Silver 2007


Introduction

Chronic tension-type headache (CTTH) is a disorder that evolves from episodic tension-type headache, with daily or very frequent episodes of headache lasting minutes to days. It affects 4.1% of the general population in the USA, and is more prevalent in women (up to 65% of cases).

Methods and objectives

We conducted a systematic review and aimed to answer the following clinical questions: What are the effects of drug treatments for chronic tension-type headache? What are the effects of non-drug treatments for chronic tension-type headache? We searched: Medline, Embase, The Cochrane Library and other important databases up to October 2005 (Clinical Evidence reviews are updated periodically, please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA).

Results

We found 38 systematic reviews, RCTs or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions.

Conclusions

In this systematic review we present information relating to the effectiveness and safety of the following interventions: acupuncture, amitriptyline, benzodiazepines, botulinum toxin, cognitive behavioural therapy, Indian head massage, mirtazapine, regular acute pain relief medication, relaxation and electromyographic biofeedback, serotonin reuptake inhibitor antidepressants, and tricyclic antidepressants (other than amitriptyline).

4.1.9. Jedel 2005 ☆


Objective

The aim of this systematic review was two-fold: to assess the efficacy of acupuncture in the management of tension-type headache, and to compare three criteria lists assessing the quality of studies.

Méthod

Searches to selected criteria lists were carried out with no time limit using the database for the Cochrane Central Register of Controlled Trials. Articles of controlled clinical trials evaluating the efficacy of acupuncture in the management of tension-type headache were obtained by searching through the databases MEDLINE, CINAHL, EMBASE, AMED and Cochrane Central Register of Controlled Trials up to February 2003. Six articles met the criteria for inclusion and three criteria lists were used to assess the internal validity of these studies. The studies were considered to be of high quality or low quality in accordance with the criteria lists utilised.
The results of the trials were considered positive, negative or indifferent based on statistically significant between group differences. The three criteria lists utilised yielded the same results and indicate that two of six studies were of high quality. Results indicated limited evidence for the efficacy of acupuncture in the management of tension-type headache.

This systematic review shows that qualitative assessments by three criteria lists focusing on internal validity, gave the same results, and that **there is limited evidence for the efficacy of acupuncture in the management of tension-type headache**.

### 4.1.10. Li 2005 Ø


**Objective**
To assess the effectiveness of acupuncture for tension-type headache.

**Methods**
A systematic review of the relevant randomized controlled trials (RCTs) of acupuncture for tension-type headache was performed using the methods of The Cochrane Collaboration. Trials were collected from The Cochrane Library, Issue 4, 2003, MEDLINE (1966 to March 2004), CBM (1978 to August 2003), VIP (1989 to April 2003) and handsearched all related articles published in Chinese in 2003. The quality of literature was reviewed, and data were extracted by two reviewers independently. Meta-analysis was conducted using RevMan 4.2 software.

**Results**
Thirteen RCTs involving 571 patients were included, of the thirteen RCTs, six were of high methodological quality according to Jadad scale (the Jadad score≥3), and “sham acupuncture” was used as controlled intervention in eight trials. Meta-analysis indicated that no statistical difference was detected between acupuncture and sham acupuncture groups on effectiveness with RR 1.55, 95%CI 0.97 to 2.47 and P=0.07 at the end of treatment. No statistical difference was detected between acupuncture and sham acupuncture groups on visual analogue scale at the end of treatment with WMD -0.55, 95%CI -1.20 to 0.09 and P=0.09; at the end of follow-up of less than 2 months with WMD -0.22, 95%CI -0.87 to 0.42 and P= 0.50 and at the end of follow-up of more than 2 months with WMD -0.65, 95% CI [-1.41 to 0.11 and P=0.09.

**Conclusions**
Comparing acupuncture with sham acupuncture and other treatments, current evidence can not evaluate whether acupuncture is significantly effective for tension-type headache, more RCTs of high methodological quality are required.

### 4.1.11. Vernon 1999 Ø


**Objectives**
To conduct a systematic review of the randomized controlled clinical trials (RCTs) of complementary/alternative (CAM) therapies in the treatment of non-migrainous headache (i.e. excluding migraine, cluster and organic headaches).

**Design**
Systematic review with quality scoring and evidence tables. Main outcome measu Number of RCTs per therapy, quality scores, evidence tables.
Twenty-four RCTs were identified in the categories of acupuncture (8 RCT), spinal manipulation, electrotherapy, physiotherapy, homeopathy and other therapies. Headache categories included tension-type (under various names pre-1988), cervicogenic and post-traumatic. Quality scores for the RCT reports ranged from approximately 30 to 80 on a 100 point scale.

RCTs for CAM therapies of the treatment of non-migrainous headache exist in the literature and demonstrate that clinical experimental studies of these forms of headache can be conducted. Evidence from a sub-set of high quality studies indicates that some CAM therapies may be useful in the treatment of these common forms of headache.

5. Techniques particulières

5.1. France 2014 (dry needling)Ø


There is good evidence in the literature supporting physiotherapy in the management of some forms of headache. Dry needling of myofascial trigger points is becoming an increasingly common approach despite a paucity of research evidence supporting its use. The purpose of this review was to determine the evidence supporting the use of dry needling in addition to conventional physiotherapy in the management of tension-type and cervicogenic headache.

Ten databases were searched for evidence of the effect of dry needling on the severity and frequency of tension and cervicogenic headache based ICHD classifications.

Three relevant studies were identified and all three showed statistically significant improvements following dry needling, but no significant differences between groups. Only one study reported on headache frequency or intensity, reporting a 45 mm improvement in VAS score following the addition of dry needling to conventional physiotherapy. Two studies showed significant improvements with dry needling over 4-5 weeks of treatment. No adverse events were reported.

The literature suggests that while there is insufficient evidence to strongly advocate for the use of dry needling, it may be a useful addition to conventional physiotherapy in headache management. Further research with a stronger methodological design is required.

6. Recommandation pour la pratique clinique

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

6.1. European Headache Federation (EHF) 2019 ⊕

**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.

**6.2. Kaiser Permanente Washington (KPWA, USA) 2018 ⊕**


Prophylaxis of tension headache: Consider a course of up to 10 sessions of acupuncture over 5–8 weeks for the prophylactic treatment of chronic headaches. For questions about coverage for acupuncture, patients can contact Member Services. A list of preferred complementary alternative medicine (CAM) providers can be found on the KPWA member website (log-in required).

**6.3. 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].

Acupuncture may be considered for patients with frequent tension-type headaches

**6.4. Australian and New Zealand College of Anaesthetists (ANZCA, Australia-New Zealand) 2015 ⊕**


4. Acupuncture may be effective in other acute pain settings (S) (Level I [PRISMA]), including acute burns and back pain (N) (Level I [PRISMA]), tension-type headaches and migraine (N) (Level I [Cochrane Review]).

**6.5. 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].

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


Tension type-Headache (TTH). Do: Physical therapy and acupuncture may be considered for patients with frequent TTH.
6.7. British Association for the Study of Headache (BASH, GB) 2010 ⊕

BASH. Guidelines for all healthcare professionals in the diagnosis and management of migraine, tension-type headache, cluster headache, medication-overuse headache; British Association for the Study of Headache. 2010;53P. [196913].

The role of acupuncture is unproven but it may be worth trying in the absence of other options. Detection of tender muscle nodules on palpation, with needling aimed at these, is said to offer a good prospect of at least limited success but evidence to support this is poor. As with physiotherapy, symptoms may at first be aggravated by acupuncture. It is sometimes claimed that early exacerbation is prognostic of later improvement.

6.8. European Federation of the Neurological Societies (EFNS, Europe) 2010 ⊕


Together, the available evidence suggests that acupuncture could be a valuable option for patients suffering from frequent TTH, but more research is needed before final conclusions can be made.

6.9. European Headache Federation (EHF) 2007 ⊕

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.

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