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# heart failure:

## Insuffisance cardiaque

Articles connexes: - conduites thérapeutiques - pathologie - [qigong](#) - acupuncture expérimentale - [pharmacopée chinoise](#) -

### 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. Jeong 2024

Jeong SH, Lee HG, Kim G, Kwon S, Cho SY, Jung WS, Park SU, Moon SK, Park JM, Ko CN. Combination therapy of acupuncture and herbal medicine for heart failure: A systematic review and meta-analysis. *Medicine (Baltimore)*. 2024 Aug 2;103(31):e39061. <https://doi.org/10.1097/MD.000000000039061>

<b>Background</b>	Heart failure (HF) is characterized by functional or structural dysfunction of the heart, resulting in impaired blood ejection or ventricular filling. Conventional Western Medicine (CWM) remains the mainstay of treatment for HF; however, the occurrence of adverse events (AEs) necessitates the exploration of alternative treatments. Herbal medicine and acupuncture are adjunctive therapies for HF and have shown potential for improving heart function. This systematic review and meta-analysis aimed to assess the effectiveness and safety of acupuncture and herbal medicine in treating HF.
<b>Methods</b>	PubMed, Embase, Cochrane Central Register of Controlled Trials, China National Knowledge Infrastructure, Citation Information by National Institute of Informatics, KoreaMed, Research Information Sharing Service, and DBpia were searched for randomized controlled trials (RCTs) evaluating the effects of acupuncture and herbal medicine along with CWM as adjunctive treatments for HF, published from inception to May 31, 2024. Treatment effectiveness was determined by evaluating the left ventricular ejection fraction as the primary metric, along with the measurement of the total effective rate, brain natriuretic peptide level, N-terminal prohormone of brain natriuretic peptide level, left ventricular end-diastolic volume, and left ventricular end-systolic volume; the administration of the Minnesota Living with Heart Failure Questionnaire; and the conduct of a 6-minute walk test. Treatment safety was evaluated based on the incidence of AEs. The methodological quality of all included RCTs was assessed using the Cochrane risk of bias tool. A meta-analysis was performed using Review Manager, version 5.4.1.

<b>Results</b>	Of the 133 publications identified, <b>8 RCTs</b> met the inclusion criteria. The meta-analysis showed significant improvements in left ventricular ejection fraction, brain natriuretic peptide levels, N-terminal prohormone of brain natriuretic peptide levels, left ventricular end-systolic volume, left ventricular end-diastolic volume, and 6-minute walk test results. Additionally, significant differences were observed in the total effective rate and Minnesota Living with Heart Failure Questionnaire responses. No significant medication-related AEs occurred in the intervention group. Conversely, 7 control patients developed well-known AEs associated with CWM.
<b>Conclusion</b>	Acupuncture combined with herbal medicine and CWM is more effective than CWM alone, indicating a safe treatment approach. Consequently, the proactive administration of acupuncture alongside herbal medicine to patients with HF can be undertaken without concerns regarding AEs.

### 1.1.2. Liang 2019

Liang B, Yan C, Zhang L, Yang Z, Wang L, Xian S, Lu L. The Effect of Acupuncture and Moxibustion on Heart Function in Heart Failure Patients: A Systematic Review and Meta-Analysis Evid Based Complement Alternat Med. 2019. [202518]. [DOI](#)

<b>Background:</b>	Acupuncture and moxibustion (A&M) has been used for treating heart failure in China since the Han Dynasty. This ancient therapy can be applied to many diseases according to the WHO recommendations. Although there are many clinical reports on the treatment of heart failure by A&M, its effectiveness is still not fully demonstrated. We aimed to systematically review the related randomized controlled trial (RCT) studies and conduct a meta-analysis.
<b>Methods</b>	The PubMed, MEDLINE, EMBASE, AMED, CENTRAL, CNKI, Wanfang, and Weipu databases were searched electronically until December 2018. The data were extracted, and the risk of bias was evaluated. Meta-analysis, subgroup analysis, and metaregression were performed. Heart function was the main outcome assessed. The details of the intervention were also investigated.
<b>Results</b>	<b>Thirty-two RCTs involving 2499 patients</b> were included. Most studies had an unclear risk regarding blinding and allocation concealment. Compared with the traditional treatment group, the experimental group had a higher efficacy rate (odds ratio (OR) = 2.61, 95% confidence interval (95%CI): = [1.84; 3.72], I <sup>2</sup> = 0%, p < 0.0001) and a significantly improved left ventricular ejection fraction (LVEF) (mean difference (MD) = 6.34, 95%CI = [4.11, 8.57], I <sup>2</sup> = 93%, p < 0.0001), cardiac output (CO) (MD = 1.02, 95%CI = [0.65, 1.39], I <sup>2</sup> = 94%, p < 0.0001), 6-minute walk test (6MWT) (MD = 43.6, 95%CI = [37.43, 49.77], I <sup>2</sup> = 0%, p < 0.0001), and reduced brain-type natriuretic peptide (BNP) (MD = -227.99, 95%CI = [-337.30, -118.68], I <sup>2</sup> = 96%, p < 0.0001). Adverse events were inadequately reported in most studies.
<b>Conclusions</b>	A&M may be a promising intervention as an adjunctive therapy to medication for treating heart failure. However, the evidence was inconclusive. Further large and rigorously designed RCTs are needed for verification.

### 1.1.3. Qiong 2018 ☆

Qiong Liu, Wei Zhu, Mai-Lan Liu, Xia Liu, Jia-Nan Cao, Shu-Ning Hu, Xiao-Rong Chang and Xiang-Hong Jing. Acupuncture and related therapies used as add-on to conventional treatments for heart failure: A systematic review of pairwise and network meta-analyses. World Journal of Acupuncture-Moxibustion. 2018;28(4):268. [196674].

<b>Objective</b>	This study aimed to assess and compare the clinical efficacy and safety of acupuncture and related therapies (ARTs) add-on to conventional treatment (CT) for heart failure (HF) through pairwise and network meta-analyses.
<b>Methods</b>	Six electronic databases, including PubMed, the Cochrane Central Register of Controlled Trials (CENTRAL), EMBASE, Chinese Biomedical Literature Database (CBM), China National Knowledge Infrastructure (CNKI) and Wanfang Database were searched from inception to December 2017. Randomized controlled trials (RCTs) regarding ARTs combining with CT for HF were eligible. The primary outcomes were changes in heart function classification (HFC) according to New York Heart Association class and left ventricular ejection fraction (LVEF). Risk of bias assessment was conducted by two independent authors. Pairwise and network meta-analyses were performed using STATA 13.0 and WinBUGS 1.4.3 software.
<b>Results</b>	A total of <b>26 RCTs</b> were enrolled for analyses, with 5 kinds of ARTs and 2116 patients in all. Pairwise meta-analyses showed that acupoint application (OR: 3.28, 95%CI[2.26, 4.76]), acupuncture (OR: 2.78, 95%CI[1.21, 6.41]), acupoint injection (OR: 3.33, 95%CI[1.85, 6.00]) and moxibustion (OR: 2.51, 95%CI[1.02, 6.21]) could significantly improve HFC when they were used as add-on to CI'. Acupoint application (MD: 3.57, 95%CI[1.45, 5.70]), acupuncture (MD: 7.75, 95%CI[2.33, 13.17]), acupoint injection (MD: 4.81, 95%CI[2.99, 6.63]) and moxibustion (MD: 6.99, 95%CI[3.62, 10.36]) were significantly beneficial in improving LVEF. Network meta-analyses showed that acupoint injection (SUCRA= 70.0%) and acupuncture (SUCRA= 90.4%) respectively had the greatest probability in improving HFC and LVEF.
<b>Conclusion</b>	Most of the included ARTs add-on to CI' was effective in improving HFC and LVEF. Acupoint injection and acupuncture may respectively have better effect than others for HFC and LVEF. However, due to the small sample size and poor quality of the included studies, hence well-designed RCTs are needed to confirm our findings.

#### 1.1.4. Lee 2015 Ø

Lee H, Kim TH, Leem J. Acupuncture for heart failure: A systematic review of clinical studies.. Int J Cardiol. 2016;;321-331. [187755].

<b>Background</b>	Acupuncture has been used for treating heart failure mainly in combination with conventional treatments, but evidence for its effectiveness and safety has not been well established. Our aim was to review randomized controlled trials (RCTs) on acupuncture for heart failure and assess the clinical evidence.
<b>Methods</b>	Electronic databases such as Medline, EMBASE, Cochrane Central Register of Controlled Trials (CENTRAL) and certain Chinese & Korean databases were searched until October 2015. The main outcomes assessed were mortality, New York Heart Association (NYHA) function classifications, and acupuncture-related adverse events. The details of acupuncture intervention were also investigated.
<b>Results</b>	Among 4107 publications, <b>seven RCTs were included</b> ; most of them showed considerable methodological flaws. We could not conduct a meta-analysis because of the heterogeneity of the included studies. In one acute heart failure study, acupuncture shortened intensive care unit (ICU) stay by 2.2days (95% CI 1.26, 3.14) and reduced the risk ratio of re-admission to 0.53 (95% CI 0.28, 0.99). However, mortality was not affected. Hemodynamic parameters also showed improvement. Another study reported an improved left ventricular ejection fraction by 9.95% (95% CI 3.24, 16.66). In five chronic heart failure studies, acupuncture improved exercise capacity, quality of life, hemodynamic parameters, and time domain heart rate variability parameters. Acupuncture decreased NT-pro BNP levels by 292.20 (95% CI -567.36, -17.04). No adverse effects were reported.

<b>Conclusions</b>	<b>The effectiveness of acupuncture as a therapy for heart failure is currently inconclusive.</b> Further large and rigorous clinical trials are needed to establish its clinical utility.
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## 1.2. Special Acupuncture Techniques

### 1.2.1. Traditional Chinese Medicine Cutaneous Regions Therapy

#### 1.2.1.1. Li 2023

Li M, Li H, Liu H, Lai X, Xing W, Shang J. Effect of Traditional Chinese Medicine Cutaneous Regions Therapy as adjuvant treatment of chronic heart failure: A systematic review and meta-analysis. *Heliyon*. 2023 May 2;9(5):e16012. <https://doi.org/10.1016/j.heliyon.2023.e16012>

<b>Objective</b>	To systematically evaluate the effectiveness of Traditional Chinese Medicine Cutaneous Regions Therapy (TCMCRT) as an adjunctive treatment for chronic heart failure.
<b>Methods</b>	China National Knowledge Infrastructure (CNKI), Wanfang database, China Science and Technology Journal Database (VIP), Chinese BioMedical Literature Database (CBM), Cochrane Library, PubMed, Web of Science, and EMBASE database were searched to screen randomized controlled trials (RCTs) of TCMCRT for chronic heart failure versus conventional western treatment for chronic heart failure. The Cochrane Risk of Bias Collaboration tool was used to assess the risk of bias in RCTs. Meta-analysis was performed using RevMan 5.3 software to systematically evaluate the effects of conventional western treatment combined with TCMCRT on the cardiac function efficacy, left ventricular ejection fraction (LVEF), left ventricular end-diastolic diameter (LVEDD), N-terminal pro-B-type natriuretic peptide (NT-proBNP), 6-min walk test (6MWT), Minnesota Heart Failure Quality of Life Scale (MLHFQ) and Adverse effects, as well as to evaluate the safety of this treatment modality.
<b>Results</b>	<b>18 RCT studies</b> were finally included, with a total of <b>1388 patients</b> , including 695 in the experimental group and 693 in the control group. The results of the Meta-analysis showed that the efficacy of improved cardiac function was better in the experimental group than in the control group [RR = 1.24, 95%CI (1.16, 1.32), P < 0.00001]. Improvement of LVEF in the experimental group was better than the control group [MD = 0.04, 95%CI (0.02, 0.05), P < 0.00001]. LVEDD were better in the experimental group than in the control group after treatment [MD = -3.63, 95% CI (-6.14, -1.12), P = 0.005]. The experimental group improved NT-proBNP better than the control group [MD = -586.26, 95%CI (-857.83, -314.68), P < 0.0001]. The experimental group improved 6MWT better than the control group [MD = 38.76, 95%CI (20.77, 56.75), P < 0.0001]. The experimental group improved MLHFQ values better than the control group [MD = -5.93, 95%CI (-7.70, -4.16), P < 0.00001]. Nine of the included studies mentioned the occurrence of adverse reactions, but none reported serious adverse reactions.
<b>Conclusion</b>	The available evidence suggests that TCMCRT has good efficacy in the adjuvant treatment of chronic heart failure. However, due to the limitations of this study, more high-quality studies are needed to further validate this conclusion.

## 2. Clinical Practice Guidelines

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

## 2.1. Scottish Intercollegiate Guidelines Network (SIGN, Scotland) 2016 Ø

Chronic heart failure. Scottish Intercollegiate Guidelines Network (SIGN). 2016:40P. [196026].

There is not enough evidence to tell us if the following can help. Tai chi, Acupuncture

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