

# Table des matières

<b>1. Generic Acupuncture</b> .....	1
<b>2. Special Acupuncture Techniques</b> .....	1
2.1. Lee 2011 (foot reflexology) .....	1
<b>3. Special Clinical Forms</b> .....	1
3.1. exercise-induced fatigue .....	1
3.1.1. Zhong 2016 ☆ .....	1
3.2. Chronic Fatigue Syndrome .....	2
3.3. Cancer-Related Fatigue .....	2
3.4. Fatigue in Systemic Lupus Erythematosus .....	2
3.5. Parkinson-related fatigue .....	2
3.5.1. Folkerts 2023 .....	2
3.6. Post-Stroke Fatigue .....	3

# Fatigue

## Asthénies : évaluation de l'acupuncture

Articles connexes: - [évaluation du taiji-qigong](#) -

### 1. Generic Acupuncture

### 2. Special Acupuncture Techniques

#### 2.1. Lee 2011 (foot reflexology)

Lee J Han M Chung Y Kim J and Choi J. Effects of foot reflexology on fatigue, sleep and pain: a systematic review and meta-analysis. J Korean Acad Nurs. 2011;41:821-33. [195764].

<b>Purpose</b>	The purpose of this study was to evaluate the effectiveness of foot reflexology on fatigue, sleep and pain.
<b>Methods</b>	A systematic review and meta-analysis were conducted. Electronic database and manual searches were conducted on all published studies reporting the effects of foot reflexology on fatigue, sleep, and pain. Forty four studies were eligible including 15 studies associated with fatigue, 18 with sleep, and 11 with pain. The effects of foot reflexology were analyzed using Comprehensive Meta-Analysis Version 2.0. The homogeneity and the fail-safe N were calculated. Moreover, a funnel plot was used to assess publication bias.
<b>Results</b>	The effects on fatigue, sleep, and pain were not homogeneous and ranged from 0.63 to 5.29, 0.01 to 3.22, and 0.43 to 2.67, respectively. The weighted averages for fatigue, sleep, and pain were 1.43, 1.19, and 1.35, respectively. No publication bias was detected as evaluated by fail-safe N. Foot reflexology had a larger effect on fatigue and sleep and a smaller effect on pain.
<b>Conclusion</b>	This meta-analysis indicates that foot reflexology is a useful nursing intervention to relieve fatigue and to promote sleep. Further studies are needed to evaluate the effects of foot reflexology on outcome variables other than fatigue, sleep and pain.

### 3. Special Clinical Forms

#### 3.1. exercise-induced fatigue

##### 3.1.1. Zhong 2016 ☆

Zhong DK, Tang D, Xue L, Wen J, Li YP. Effectiveness of moxibustion for exercise-induced fatigue-a systematic review for randomized controlled trials. Chin J Integr Med. 2016;22(2):130-40. [190253].

<b>Objectives</b>	To review and assess the effect of single moxibustion for exercise-induced fatigue: (EIF).
-------------------	--

<b>Methods</b>	Computer-search for 8 medical databases and 5 clinical trial registries were conducted for: randomized controlled trials (RCTs), added with hand-search for 10 Chinese acupuncture-moxibustion journals and additional references. Data from included RCTs were pooled by RevMan5.1. Methodology quality of RCTs was judged by Cochrane Collaboration assessment tool while quality of primary outcomes was evaluated by GRADE3.2.
<b>Results</b>	Five RCTs were finally included, all reported in small sample size with high risk of: bias. Comparisons on single moxibustion and rest relief (without treatment) were studied. Six outcomes were reported, all favored moxibustion to rest relief for EIF. Primary outcomes showed as rating of perceived exertion (RPE) with mean difference (MD)=-0.49, 95% confidence interval (CI) [-0.80, -0.19], 800-m race performance with MD=-2.21, 95% CI [-3.57, -0.85], and Harvard Step Index (HSI) with MD=14.75, 95% CI [8.35, 21.15]. Moreover, all primary outcomes as RPE, 800-m race performance and HSI were rated low quality
<b>Conclusions</b>	<b>Single moxibustion might be considered effective for EIF.</b> However, due to small samples of included RCTs, high risk of bias among studies and poor quality of primary outcomes and subjects restricted to Chinese athletes only, these results present limitation, and should be taken with caution for practice. More large-size studies with rigorous design are warranted to further test effectiveness of moxibustion for EIF.

### 3.2. Chronic Fatigue Syndrome

see [article correspondant](#)

### 3.3. Cancer-Related Fatigue

see [corresponding item](#)

### 3.4. Fatigue in Systemic Lupus Erythematosus

see [corresponding item](#)

### 3.5. Parkinson-related fatigue

#### 3.5.1. Folkerts 2023

Folkerts AK, Nielsen J, Gollan R, Lansu A, Solfronk D, Monsef I, Ernst M, Skoetz N, Zeuner KE, Kalbe E. Physical Exercise as a Potential Treatment for Fatigue in Parkinson's Disease? A Systematic Review and Meta-Analysis of Pharmacological and Non-Pharmacological Interventions. *J Parkinsons Dis*. 2023;13(5):659-679. <https://doi.org/10.3233/JPD-225116>

<b>Background</b>	Fatigue is one of the most common and debilitating non-motor symptoms among patients with Parkinson's disease (PD) and significantly impacts quality of life. Therefore, effective treatment options are needed.
<b>Objective</b>	To provide an update on randomized controlled trials (RCTs) including pharmacological and non-pharmacological (but non-surgical) treatments that examine the effects of fatigue on PD patients.
<b>Methods</b>	We searched the MEDLINE, EMBASE, PsycINFO, CENTRAL, and CINAHL databases for (cross-over) RCTs on pharmacological and non-pharmacological interventions for treating fatigue in PD patients until May 2021. Meta-analyses for random-effects models were calculated when two or more studies on the same treatment option were available using standardized mean differences (SMDs) with 95% confidence intervals (CIs).

<b>Results</b>	Fourteen pharmacological and 16 non-pharmacological intervention RCTs were identified. For pharmacological approaches, a meta-analysis could only be performed for modafinil compared to placebo (n = 2) revealing a non-significant effect on fatigue (SMD = - 0.21, 95% CI - 0.74-0.31, p = 0.43). Regarding non-pharmacological approaches, physical exercise (n = 8) following different training approaches versus passive or placebo control groups showed a small significant effect (SMD = - 0.37, 95% CI - 0.69- - 0.05, p = 0.02) which could not be demonstrated for <b>acupuncture</b> vs. sham-acupuncture (SMD = 0.16, 95% CI - 0.19-0.50, p = 0.37).
<b>Conclusion</b>	Physical exercise may be a promising strategy to treat fatigue in PD patients. Further research is required to examine the efficacy of this treatment strategy and further interventions. Future studies should differentiate treatment effects on physical and mental fatigue as the different underlying mechanisms of these symptoms may lead to different treatment responses. More effort is required to develop, evaluate, and implement holistic fatigue management strategies for PD patients.

### 3.6. Post-Stroke Fatigue

see [corresponding item](#)

From:

<https://wiki-mtc.org/> - Encyclopédie des sciences médicales chinoises

Permanent link:

<https://wiki-mtc.org/doku.php?id=acupuncture:evaluation:medecine%20interne.%20divers:03.%20asthenies>

Last update: 05 Mar 2024 00:50