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Multiple Sclerosis

Sclérose en plaques : évaluation de l'acupuncture

Articles connexes: - conduites thérapeutiques - pathologie - acupuncture expérimentale - qigong -

1. Systematic Reviews and Meta-Analysis

1.1. Campbell 2016 ~

Campbell E, Coulter EH, Mattison PG, Miller L, McFadyen A, Paul L. Physiotherapy Rehabilitation for People With Progressive Multiple Sclerosis: A Systematic Review. Arch Phys Med Rehabil. 2016;97(1):141-51. [186582].

Objectives	To assess the efficacy of physiotherapy interventions, including exercise therapy, for the rehabilitation of people with progressive multiple sclerosis.
Methods	DATA SOURCES: Five databases (Cochrane Library, Physiotherapy Evidence Database [PEDro], Web of Science Core Collections, MEDLINE, Embase) and reference lists of relevant articles were searched. STUDY SELECTION: Randomized experimental trials, including participants with progressive multiple sclerosis and investigating a physiotherapy intervention or an intervention containing a physiotherapy element, were included. DATA EXTRACTION: Data were independently extracted using a standardized form, and methodologic quality was assessed using the PEDro scale.
Results	Thirteen studies (described by 15 articles) were identified and scored between 5 and 9 out of 10 on the PEDro scale. Eight interventions were assessed: exercise therapy, multidisciplinary rehabilitation, functional electrical stimulation, botulinum toxin type A injections and manual stretches, inspiratory muscle training, therapeutic standing, **acupuncture**, and body weight-supported treadmill training. All studies, apart from 1, produced positive results in at least 1 outcome measure; however, only 1 article used a power calculation to determine the sample size and because of dropouts the results were subsequently underpowered.
Conclusions	This review suggests that physiotherapy may be effective for the rehabilitation of people with progressive multiple sclerosis. However, further appropriately powered studies are required.

1.2. Karpatkin 2014 Ø

Karpatkin HI, Napolione D, Siminovich-Blok B. Acupuncture and multiple sclerosis: a review of the evidence. Evid Based Complement Alternat Med. 2014. [174612].

Objectives	Use of acupuncture to treat multiple sclerosis (MS) is fairly common, but little literature exists which studies its effectiveness. The purpose of this paper is to review the literature on the use of acupuncture to treat MS.

Methods-Results	A literature search resulted in twelve peer-reviewed articles on the subject that examined the use of acupuncture to treat MS related quality of life (QoL), fatigue, spasticity, and pain. The majority of the studies were poorly designed-without control, randomization, or blinding. Description of the subjects, interventions, and outcome measures as well as statistical analysis was often lacking or minimal.
Conclusions	Although many of the studies suggested that acupuncture was successful in improving MS related symptoms, lack of statistical rigor and poor study design make it difficult to draw any conclusions about the true effectiveness of this intervention in the MS population. Further studies with more rigorous designs and analysis are needed before accurate claims can be made as to the effectiveness of acupuncture in this population.

2. Clinical Practice Guidelines

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

2.1. American Academy of Neurology (AAN, USA) 2014 ⊕

Yadav V, Bever C Jr, Bowen J, Bowling A, Weinstock-Guttman B, Cameron M, Bourdette D, Gronseth GS, Narayanaswami P. Summary of evidence-based guideline: complementary and alternative medicine in multiple sclerosis: report of the guideline development subcommittee of the American Academy of Neurology. Neurology. 2014 Mar 25;82(12):1083-92.. 2014;82(12):1083-92. [175868].

Because studies were unavailable or, where available, had a high risk of bias, were in conflict, or lacked statistical precision, we found the evidence insufficient to support or refute the effectiveness of the following therapies in MS (table 1): acetyl-L-carnitine, **acupuncture**, biofeedback, carnitine, chelation therapy, Chinese medicine, chiropractic medicine, creatine monohydrate, dental amalgam replacement, glucosamine sulfate, hippotherapy, hyperbaric oxygen, inosine, linoleic acid, low-dose naltrexone, massage therapy, mindfulness training, music therapy, naturopathic medicine, neural therapy, Padma 28, progressive muscle relaxation therapy, tai chi, threonine, transdermal histamine, and yoga.