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Emergence agitation

Agitation au reveil

1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture.
☆☆	Evidence for effectiveness of acupuncture.
☆	Evidence for effectiveness of acupuncture mais limitées qualitativement et/ou quantitativement.
∅	No evidence or insufficient evidence.

1.1. Generic acupuncture

1.1.1. Mihara 2023 ∅

Mihara T, Nakajima D, Hijikata T, Tomita M, Goto T. Effectiveness of acupuncture therapy for the prevention of emergence agitation in children: A systematic review and meta-analysis with trial sequential analysis. PLoS One. 2023 Jun 6;18(6):e0286790.

<https://doi.org/10.1371/journal.pone.0286790>

Objective	This study aimed to evaluate the effectiveness of acupuncture therapy in preventing emergence agitation (EA) in children.
Methods	A systematic review and meta-analysis were conducted across multiple locations according to the articles searched. Seven databases, including trial registration sites, were searched.
Results	A total of six trials were included involving 489 patients ; of them, 244 received acupuncture therapy. Randomized clinical trials (RCTs) evaluating the incidence of EA compared with placebo/sham or standard care in children were included. The primary outcome was the incidence of EA, as evaluated using a specific assessment tool. Data about the incidence rate of EA, heterogeneity, quality of trials and evidence, and adverse events were collected. Additionally, data about patient demographic characteristics, type of anesthesia, duration and onset of acupuncture therapy, EA and pain score, time taken for extubation, and post-anesthesia care unit length of stay were collected. The results indicated that the overall incidence of EA in the acupuncture therapy group and the control group was 23.4% and 39.5%, respectively, with no significant difference (risk ratio, 0.62; 95% confidence interval, 0.26-1.48; I2 = 63%). Subgroup analysis showed a significant difference in the overall incidence of EA in the acupuncture therapy and control groups according to surgery type (high-risk vs. low-risk surgery), suggesting that acupuncture therapy may be effective in reducing EA for patients undergoing high-risk surgery. The quality of evidence was downgraded to “very low” due to the study designs, inconsistency, and possible publication bias.
Conclusions	In conclusion, this meta-analysis shows that the currently available RCTs are insufficient to determine the effectiveness of acupuncture therapy in preventing EA in children undergoing general anesthesia.

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