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Benign Prostatic Hyperplasia

Hyperplasie bénigne de la prostate : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhang 2017 ☆☆

Zhang W, Ma L, Bauer BA, Liu Z, Lu Y. Acupuncture for benign prostatic hyperplasia: A systematic review and meta-analysis. PLoS One. 2017;12(4):. [28350].

PURPOSE	This systematic review and meta-analysis aims to assess the therapeutic and adverse effects of acupuncture for benign prostatic hyperplasia (BPH) in randomized controlled trials (RCTs).
METHODS	We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, the Chinese Biomedical Database, the China National Knowledge Infrastructure, the VIP Database and the Wanfang Database. Parallel-group RCTs of acupuncture for men with symptomatic BPH were included. Data from the included trials were extracted by two independent reviewers and were analyzed with The Cochrane Collaboration Review Manager software (RevMan 5.3.5) after risk of bias judgments. The primary outcome measure of this review was a change in urological symptoms.
RESULTS	Eight RCTs, which involved 661 men with BPH, were included. Follow-up varied from 4 weeks to 18 months. Pooling of the data from three trials that compared acupuncture with sham-acupuncture revealed that in the short term (4-6 weeks), acupuncture can significantly improve IPSS (MD -1.90, 95% CI -3.58 to -0.21). A sensitivity analysis of the short-term endpoint showed the same result (MD -3.01, 95% CI -5.19 to -0.84) with a borderline minimal clinical important difference (MCID). Qmax of the short-term endpoint indicated statistically positive beneficial effects of acupuncture (MD -1.78, 95%CI -3.43, -0.14). A meta-analysis after medium-term follow-up (12-18 weeks) indicated no significant effect on IPSS when the data from two trials were combined (MD -2.04, 95% CI -4.19, 0.10).
CONCLUSION	Statistically significant changes were observed in favor of acupuncture in moderate to severe BPH with respect to short-term follow-up endpoints. The clinical significance of these changes needs to be tested by further studies with rigorous designs and longer follow-up times.

1.1.2. Chen 2010 ☆

Chen Yuanwu, Du Yuanhao, Xiong Jun, Sun Pan, Gao Xiang, Lin Xiaomiao, Xiao Li. [Acupuncture and moxibustion versus western medicine for benign prostatic hyperplasia: a systematic review]. China Journal of Traditional Chinese Medicine and pharmacy. 2010;6:902-906. [186926].

Objective	To evaluate the quality of prostate hyperplasia related literature in acupuncture and moxibustion, and to compare the curative effect on prostate hyperplasia between acupuncture and moxibustion and western medicine.
Methods	Retrieving Pubmed, Cochrane Library, CBM database, CNKI database Etc. to collect the literature of prostate hyperplasia of clinical randomized or quasi-randomized control trials of comparative study between western medicine and acupuncture treatment. The data was extracted independently by two valuers from literatures fitting the selection criteria. Cochrane evaluation manual 4. 2. 6 was used to evaluate quality, and RevMan 4. 2. 8 was used in statistical analysis.
Results	A total of six randomized or quasi-randomized controlled trials (total 546 examples) were adopted. 6 study adopted the total effective rate of evaluation indexes, Meta-analysis showed that there was a significant difference between acupuncture treatment group and western medicine group [merger RR (fixed effects model) =1. 26, 95%CI (1. 15, 1. 37), Z=5. 13, P<0. 00001]. 3 studies using cure rate for evaluation, Meta-analysis showed that there was a significant difference between acupuncture treatment group and western medicine group [merger RR (fixed effects model) =4. 53, 95%CI (2. 16, 9. 50), Z=4. 00, P<0. 0001].
Conclusion	Acupuncture treatment of prostate hyperplasia was safe and effective, there was probably a great advantage compared with western medicine. But because of the limited quality and low quantity of literature, the conclusion was uncertain, it needed further verification by high quality of a double-blind randomized controlled trial.

1.2. Special Acupuncture Techniques

1.2.1. Electroacupuncture

1.2.1.1. Chen 2024

Chen R, Huang H, Zhan S, Yi L, Huang L, Yue Z. Efficacy and safety of electroacupuncture for benign prostatic hyperplasia: A systematic review and meta-analysis. *Medicine (Baltimore)*. 2024 Feb 23;103(8):e37324. <https://doi.org/10.1097/MD.0000000000037324>

Background	This study aimed to evaluate the efficacy and safety of electroacupuncture (EA) in the treatment of benign prostatic hyperplasia.
Methods	Seven databases were searched from the inception of each database to March 31, 2023, including PubMed, Web of Science, Cochrane, Embase, China National Knowledge Infrastructure, Wanfang, and China Biology Medicine. The modified Jadad scale was used to assess literature quality, and literature inclusion and exclusion were conducted in strict accordance with the criteria of a score of ≥ 4 . The risk of bias was evaluated using the Cochrane risk of bias tool. The pooled effect size of the binary data was measured by odds ratio (OR) and 95% confidence interval (CI), and the pooled effect size of the continuous data was presented as weighted mean difference (WMD) and 95% CI. If I^2 was larger than 50%, a random effects model was adopted, and otherwise, a fixed effects model was used. Additionally, publication bias assessment and sensitivity analysis were conducted.

Results	A total of 325 records were retrieved, and finally 9 randomized controlled trial studies were included, involving 1045 patients . Meta-analysis revealed that the EA group had better improvement than the control group in terms of clinical effective rate (odds ratio = 3.92, 95% CI = 2.38 to 6.47, $I^2 = 0\%$, $P < .001$), International Prostate Symptom Score (WMD = -4.99, 95% CI = -6.15 to -3.84, $I^2 = 76.9\%$, $P < .001$), maximum urinary flow rate (WMD = -4.99, 95% CI = -6.15 to -3.84, $I^2 = 87.4\%$, $P < .001$), and post-void residual volume (WMD = -17.12, 95% CI = -29.49 to -4.75, $I^2 = 89.1\%$, $P < .01$). There was no statistical significance in prostate volume and adverse events between the EA group and the control group ($P > .05$).
Conclusion	EA is effective in the treatment of benign prostatic hyperplasia with acceptable overall safety.

2. Clinical Practice Guidelines

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

2.1. National Institute for Health and Clinical Excellence (NICE, UK) 2010 ∅

Lower urinary tract symptoms in men: management (CG97). Evidence-based recommendations on managing lower urinary tract symptoms (LUTS) in men, London (UK): National Institute for Health and Clinical Excellence (NICE). 2010. [159041]

14.3.1 *In men who report LUTS, what is the effect of acupuncture vs. no acupuncture or other conservative therapy on patient related and biometric outcomes and adverse events?* No clinical or economic studies were identified.

1.8 *Alternative and complementary therapies* 1.8.1 Do not offer homeopathy, phytotherapy or **acupuncture** for treating LUTS in men. [2010]

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