



EBM Journal Club

Acupuncture and endometriosis

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報告日期：105.03.30

OUTLINE

- Background
- Scenario
- Ask(PICO)
- Acquire
- Appraisal
- Apply
- Audit

Background

- Endometriosis is defined as the presence of endometrial glands and stroma at extrauterine sites.
- Growth and maintenance of endometriosis implants are dependent upon the presence of ovarian steroids.
- As a result, endometriosis occurs during the active reproductive period: women aged 25 to 35 years
- Nulliparity, early menarche/late menopause, short menstrual cycles, prolonged menses increase the risk

Pathogenesis

- The implantation theory proposes that endometrial cells shed into the uterus during menstruation are transported through the fallopian tubes and thought to implant when endometrial cells are transplanted to these locations as a result of surgery or delivery.
- Endometriosis at locations outside the pelvis is explained by dissemination of endometrial cells or tissue through lymphatics and blood vessels.
- The coelomic metaplasia theory proposes that the coelomic (peritoneal) cavity contains undifferentiated cells or cells capable of dedifferentiating into endometrial tissue. This theory is based upon embryologic studies demonstrating that all pelvic organs, including the endometrium, are derived from cells lining the coelomic cavity.

Clinical presentation

- Dysmenorrhea (79 percent)
- Pelvic pain (69 percent)
- Dyspareunia (45 percent)
- Bowel upset (eg, constipation, diarrhea) (36 percent)
- Bowel pain (29 percent)
- Infertility (26 percent)
- Ovarian mass/tumor (20 percent)
- Dysuria (10 percent)
- Other urinary problems (6 percent)

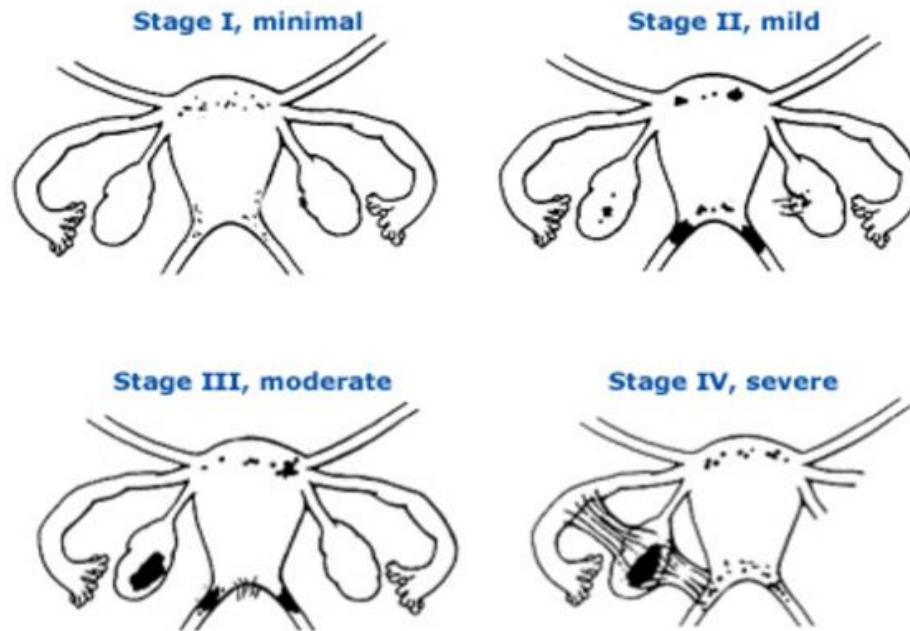
Diagnosis

- 54 percent of women with stage III or IV endometriosis had a CA 125 level greater than 35 IU/mL. Serum CA 125 is not a sensitive indicator of endometriosis
- Ultrasound is typically the first-line study for pelvic imaging in women. Imaging studies are rarely helpful to diagnose or determine the extent of endometriosis
- The diagnosis of endometriosis requires surgery, typically laparoscopy, in the vast majority of cases. A definitive diagnosis is made based upon histologic evaluation of a lesion

Classification

American Society for Reproductive Medicine (ASRM)

Examples of the classification of endometriosis



Modified from the American Society for Reproductive Medicine.

Treatment

- Analgesics(NSAID)
- Estrogen-progestin oral contraceptives
- GnRH agonists
- Progestins
- Aromatase inhibitors
- Acupuncture
- Diet
- Surgical management

Reference: uptodate

Overview of the treatment of endometriosis

Endometriosis: Pathogenesis, clinical features, and diagnosis

Scenario

- 26歲小玲從大學開始經前1周就會腹部又悶脹痛,今年3月份經前2週就開始下腹痛嚴重,痛到腰酸,不是經期卻有經痛的感覺,一個月裡面有十天~半個月都在下腹痛!排尿及排便皆正常,小玲很擔心,於是前往婦產科就診西醫師診斷為子宮內膜異位症,因對手術與藥物治療有疑慮,前來中醫針灸科門診,詢問是否可以用針灸的方式改善症狀?

執行實證醫學五大步驟

- **提出問題(Ask: PICO)**
 - Formulate an answerable question
- **搜尋證據(Acquire)**
 - Track down the best evidence
- **嚴格評讀(Appraisal: VIP)**
 - Critically appraise the evidence
- **恰當應用(Apply: 3E)**
 - Integrate with clinical expertise and patient values
- **評估結果(Audit)**
 - Monitoring your performance

提問



搜尋



評讀



應用



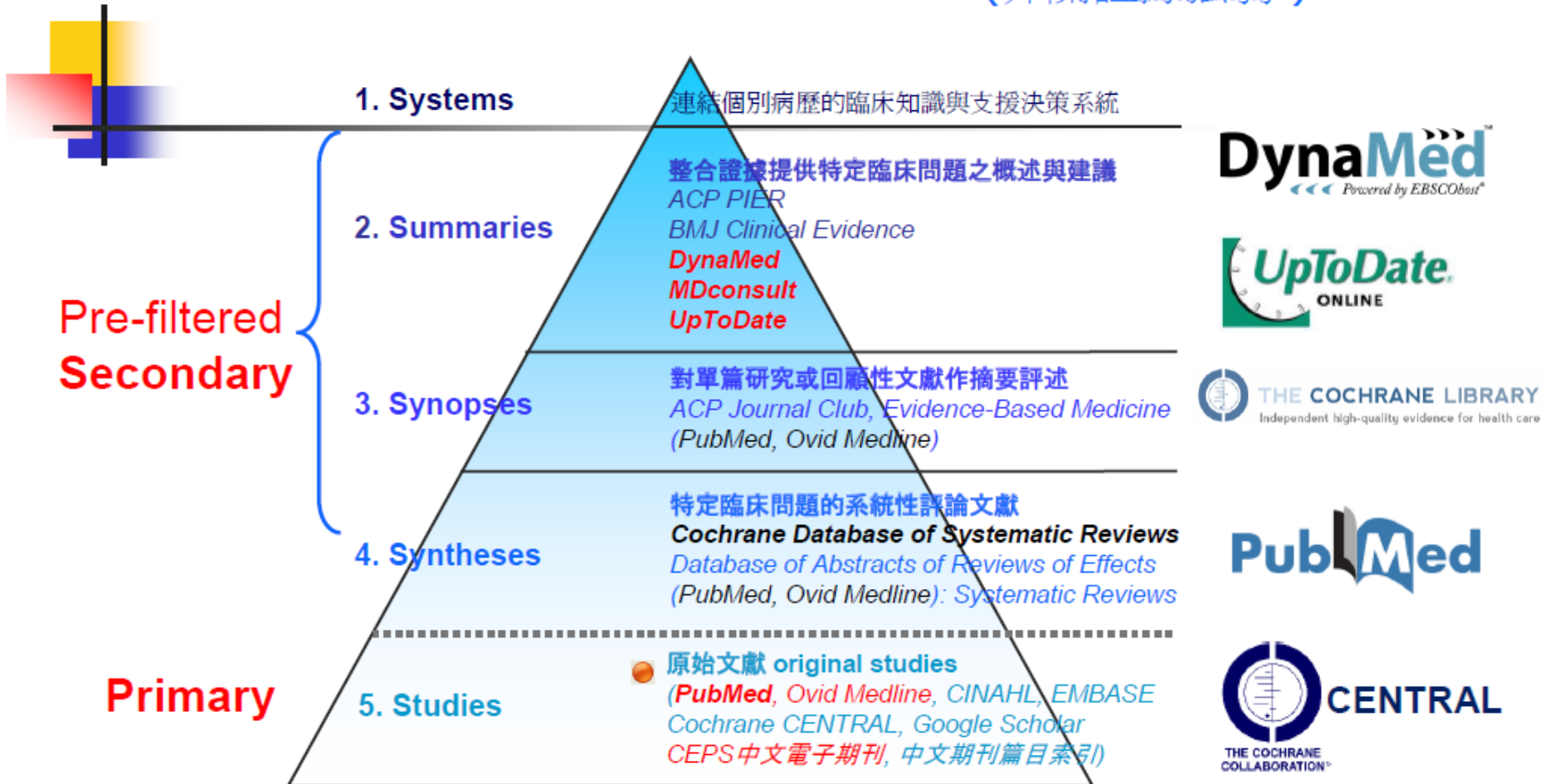
評估

Ask

P roblem 病人問題	Endometriosis , pain
I ntervention 介入處置	Acupuncture
C omparison 對照的處置	convention treatmeant, placebo
O utcome 臨床結果	Pain release

Acquire

5S EBM Resources (非關證據強弱!)



「治療型」問題實證等級

Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence

Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5)
How common is the problem?	Local and current random sample surveys (or censuses)	Systematic review of surveys that allow matching to local circumstances**	Local non-random sample**	Case-series**	n/a
Is this diagnostic or monitoring test accurate? (Diagnosis)	Systematic review of cross sectional studies with consistently applied reference standard and blinding	Individual cross sectional studies with consistently applied reference standard and blinding	Non-consecutive studies, or studies without consistently applied reference standards**	Case-control studies, or "poor or non-independent reference standard**	Mechanism-based reasoning
What will happen if we do not add a therapy? (Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort study or control arm of randomized trial*	Case-series or case-control studies, or poor quality prognostic cohort study**	n/a
Does this intervention help? (Treatment Benefits)	Systematic review of randomized trials or <i>n</i> -of-1 trials	Randomized trial or observational study with dramatic effect	Non-randomized controlled cohort/follow-up study**	Case-series, case-control studies, or historically controlled studies**	Mechanism-based reasoning
What are the COMMON harms? (Treatment Harms)	Systematic review of randomized trials, systematic review of nested case-control studies, <i>n</i> -of-1 trial with the patient you are raising the question about, or observational study with dramatic effect	Individual randomized trial or (exceptionally) observational study with dramatic effect	Non-randomized controlled cohort/follow-up study (post-marketing surveillance) provided there are sufficient numbers to rule out a common harm. (For long-term harms the duration of follow-up must be sufficient.)**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning
What are the RARE harms? (Treatment Harms)	Systematic review of randomized trials or <i>n</i> -of-1 trial	Randomized trial or (exceptionally) observational study with dramatic effect			
Is this (early detection) test worthwhile? (Screening)	Systematic review of randomized trials	Randomized trial	Non-randomized controlled cohort/follow-up study**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning

* Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match questions PICO), because of inconsistency between studies, or because the absolute effect size is very small; Level may be graded up if there is a large or very large effect size.

** As always, a systematic review is generally better than an individual study.

Uptodate

key word:
acupuncture, endometriosis

Acupuncture endometriosis ▼ All Topics Q ► Contents

Search Results for "Acupuncture endometriosis"

Click related term for **acupuncture**: [traditional chinese medicine](#) , [complementary and alternative medicine](#)

☒ All Topics

☐ Adult

☐ Pediatric

☐ Patient

☐ Graphics

Overview of the treatment of endometriosis

- Summary and recommendations
- Treatment of pelvic pain
- Treatment of symptoms related to deep endometriosis
- Treatment of infertility
- Treatment of pelvic mass

Treatment of primary dysmenorrhea in adult women

Topic Outline Show Graphics (1) ✕

- SUMMARY AND RECOMMENDATIONS
- INTRODUCTION
- GENERAL APPROACH
- TREATMENT OF PELVIC PAIN
 - Initial approach
 - Analgesics
 - Estrogen-progestin oral contraceptives
 - Failure of initial medical therapy
 - GnRH agonists
 - Progestins
 - Duration of therapy
 - Progesterone antagonists
 - Danazol
 - Aromatase inhibitors
 - Acupuncture
 - Diet
 - Surgical management

A systematic review of treatment of pain associated with endometriosis with acupuncture found only one randomized trial that met inclusion criteria .

In that trial (n = 67), auricular acupuncture was significantly more effective than Chinese herbal medicine for treating dysmenorrhea in women with endometriosis

DynaMed

CHANG GUNG MEM

DynaMed
Powerd by EBSCOhost

endometriosis, acupuncture

檢索



結果清單 1 之 20

[Expand All](#)

[Collapse All](#)

A A

檢索文字

Endometriosis

- clinical pregnancy in 55.56% vs. 7.14% ($p < 0.05$)
- live birth in 55.56% vs. 7.14% ($p < 0.05$)
- live birth in 14.81% with traditional IVF and previous laparoscopy
- Reference - [Taiwan J Obstet Gynecol 2012 Mar;51\(1\):66](#)

Other treatments for pain management:

- auricular **acupuncture** may reduce pain in patients with endometriosis more than Chinese herbal medicine ([level 2 \[mid-level\] evidence](#))
 - based on randomized trial with allocation concealment not stated
 - 67 women with dysmenorrhea due to endometriosis were randomized to auricular **acupuncture** vs. Chinese herbal medicine once every other day for 4 times per menstrual cycle over 3 menstrual cycles
 - comparing auricular **acupuncture** vs. Chinese herbal medicine
 - mean dysmenorrhea score 5.53 vs. 10.34 on 15 point scale ($p < 0.0001$)
 - cure or substantial improvement in 81.1% vs. 26.7% ($p = 0.0004$, NNT 2)
 - Reference - [J Tradit Chin Med 2002 Dec;22\(4\):282](#)
 - Cochrane review found no other trials evaluating **acupuncture** for pain in women with endometriosis which met their inclusion criteria ([Cochrane Database Syst Rev 2011 Sep 7;\(9\):CD007864](#))
- ovarian remnant irradiation induced menopause and relieved refractory pain from endometriosis in case report of 3 patients ([Obstet Gynecol 2008 Feb;111\(2 Pt 2\):579](#))

Search

Search Manager

Medical Terms (MeSH)

Browse



Title, Abstract, Keywords

acupuncture, endometriosis

Go

Save

[Search Limits](#)[Search Help](#)

(Word variations have been searched)

[Add to Search Manager](#)

Clear

All Results (19)

☒ Cochrane Reviews (2)☒ All☐ Review☐ Protocol☐ Other Reviews (0)☐ Trials (16)☐ Methods Studies (1)☐ Technology Assessments (0)☐ Economic Evaluations (0)☐ Cochrane Groups (0)☒ All☐ Current Issue**Cochrane Database of Systematic Reviews : Issue 3 of 12, March 2016**Issue [updated daily](#) throughout month

There are 2 results from 9315 records for your search on 'acupuncture, endometriosis in Title, Abstract, Keywords in Cochrane Reviews'

Sort by Relevance: high to low ▼[Select all](#) | [Export all](#) | [Export selected](#)**Acupuncture for pain in endometriosis**

Xiaoshu Zhu , Kindreth D Hamilton and Ewan D McNicol

Online Publication Date: September 2011

[Review](#)**Endometriosis : an overview of Cochrane Reviews**

Julie Brown and Cindy Farquhar

Online Publication Date: March 2014

[Review](#)[Ov](#)

Pubmed

PubMed Clinical Queries

Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use [PubMed](#)

acupuncture, endometriosis

Clinical Study Categories

Category:

Scope:

Results: 5 of 27

Effectiveness of complementary pain treatment for women with deep endometriosis through Transcutaneous Electrical Nerve Stimulation (TENS): randomized controlled trial.

Mira TA, Giraldo PC, Yela DA, Benetti-Pinto CL.
Eur J Obstet Gynecol Reprod Biol. 2015 Nov; 194:1-6. Epub 2015 Aug 6.

[Efficacy on endometriosis treated with electroacupuncture].

Zhang X, Li W.
Zhongguo Zhen Jiu. 2015 Apr; 35(4):323-6.

Complementary and alternative medications for chronic pelvic pain.

Systematic Reviews

Results: 3 of 3

Endometriosis: an overview of Cochrane Reviews.

Brown J, Farquhar C.
Cochrane Database Syst Rev. 2014 Mar 10; 3:CD009590. Epub 2014 Mar 10.

New trends for the medical treatment of endometriosis.

Rocha AL, Reis FM, Petraglia F.
Expert Opin Investig Drugs. 2012 Jul; 21(7):905-19. Epub 2012 May 9.

Acupuncture for pain in endometriosis.

Zhu X, Hamilton KD, McNicol ED.
Cochrane Database Syst Rev. 2011 Sep 7; (9):CD007864. Epub

Pubmed

Cochrane Database Syst Rev. 2014 Mar 10;3:CD009590. doi: 10.1002/14651858.CD009590.pub2.

Endometriosis: an overview of Cochrane Reviews.

Brown J¹, Farquhar C.

 Author information

Abstract

BACKGROUND: This overview reports on interventions for pain relief and for subfertility in pre-menopausal women with clinically diagnosed endometriosis.

OBJECTIVES: The objective of this overview was to summarise the evidence from Cochrane systematic reviews on treatment options for women with pain or subfertility associated with endometriosis.

METHODS: Published Cochrane systematic reviews reporting pain or fertility outcomes in women with clinically diagnosed endometriosis were eligible for inclusion in the overview. We also identified Cochrane reviews in preparation (protocols and titles) for future inclusion. The reviews, protocols and titles were identified by searching the Cochrane Database of Systematic Reviews and Archie (the Cochrane information management system) in March 2014. Pain-related outcomes of the overview were pain relief, clinical improvement or resolution and pain recurrence. Fertility-related outcomes were live birth, clinical pregnancy, ongoing pregnancy, miscarriage and adverse events. Selection of systematic reviews, data extraction and quality assessment were undertaken in duplicate. Review quality was assessed using the AMSTAR tool. The quality of the evidence for each outcome was assessed using GRADE methods. Review findings were summarised in the text and the data for each outcome were reported in 'Additional tables'.

MAIN RESULTS: Seventeen systematic reviews published in The Cochrane Library were included. All the reviews were high quality. The quality of the evidence for specific comparisons ranged from very low to moderate. Limitations in the evidence included risk of bias in the primary studies, inconsistency between the studies, and imprecision in effect estimates. Pain relief (14 reviews) Gonadotrophin-releasing hormone (GnRH) analogues

Full Text



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No full text
僅納入一篇針灸止痛

Pubmed

Expert Opin Investig Drugs. 2012 Jul;21(7):905-19. doi: 10.1517/13543784.2012.683783. Epub 2012 May 9.

New trends for the medical treatment of endometriosis.

Rocha AL¹, Reis FM, Petraglia F.

Author information

Abstract

INTRODUCTION: Endometriosis is a benign sex hormone-dependent gynecological disease, characterized by the presence and growth of endometrial tissue outside the uterus; it affects 10% of women of reproductive age and is associated with infertility and pain. Treatment of endometriosis involves conservative or radical surgery, or medical therapies. The goals for endometriosis treatment may be the relief of pain and/or a successful pregnancy achievement in infertile patients. Treatment must be individualized with a multidisciplinary approach. The classical treatments carry adverse side effects and in some cases a negative impact on quality of life. New agents promise a distinct perspective in endometriosis treatment.

AREAS COVERED: The aim of this paper is to systematically review the literature evidence of new medical treatments for endometriosis, defined as pharmacological treatments not yet commonly available and currently under investigation.

EXPERT OPINION: These new medical therapies would be used associated with surgical treatment and, in the future, will render possible the association of hormone therapy with non-hormonal treatment for endometriosis.

該文章review許多治療手段，僅有一段提到針灸治療可改善疼痛與身活品質，但相關研究缺乏RCT.

Acupuncture for pain in endometriosis.

Zhu X¹, Hamilton KD, McNicol ED.

+ Author information

Abstract

BACKGROUND: Endometriosis is a prevalent gynaecological condition, significantly affecting women's lives. Clinical presentations may vary from absence of symptoms to complaints of chronic pelvic pain, most notably dysmenorrhoea. The management of pain in endometriosis is currently inadequate. Acupuncture has been studied in gynaecological disorders but its effectiveness for pain in endometriosis is uncertain.

OBJECTIVES: To determine the effectiveness and safety of acupuncture for pain in endometriosis.

SEARCH STRATEGY: We searched the Cochrane Menstrual Disorders and Subfertility Group (MSDG) Specialised Register of controlled trials, Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library), MEDLINE, EMBASE, CINAHL, AMED, PsycINFO, CNKI and TCMDs (from inception to 2010) and reference lists of retrieved articles.

SELECTION CRITERIA: Randomised single or double-blind controlled trials enrolling women of reproductive age with a laparoscopically confirmed diagnosis of endometriosis and comparing acupuncture (body, scalp or auricular) to either placebo or sham, no treatment, conventional therapies or Chinese herbal medicine.

DATA COLLECTION AND ANALYSIS: Three authors independently assessed risk of bias and extracted data; we contacted study authors for additional information. Meta-analyses were not performed as only one study was included. The primary outcome measure was decrease in pain from endometriosis. Secondary outcome measures included improvement in quality of life scores, pregnancy rate, adverse effects and rate of endometriosis recurrence.

MAIN RESULTS: Twenty-four studies were identified that involved acupuncture for endometriosis; however only one trial, enrolling 67 participants, met all the inclusion criteria. The single included trial defined pain scores and cure rates according to the Guideline for Clinical Research on New Chinese Medicine. Dysmenorrhoea scores were lower in the acupuncture group (mean difference -4.81 points, 95% confidence interval -6.25 to -3.37, $P < 0.00001$) using the 15-point Guideline for Clinical Research on New Chinese Medicine for Treatment of Pelvic Endometriosis scale. The total effective rate ('cured', 'significantly effective' or 'effective') for auricular acupuncture and Chinese herbal medicine was 91.9% and 60%, respectively (risk ratio 3.04, 95% confidence interval 1.65 to 5.62, $P = 0.0004$). The improvement rate did not differ significantly between auricular acupuncture and Chinese herbal medicine for cases of mild to moderate dysmenorrhoea, whereas auricular acupuncture did significantly reduce pain in cases of severe dysmenorrhoea. Data were not available for secondary outcomes measures.

AUTHORS' CONCLUSIONS: The evidence to support the effectiveness of acupuncture for pain in endometriosis is limited, based on the results of only a single study that was included in this review. This review highlights the necessity for developing future studies that are well-designed, double-blinded, randomised controlled trials that assess various types of acupuncture in comparison to conventional therapies.

Step 3: Appraisal

VIP

- Validity
- Impact
- Practice Applicability

Validity

- Oxford CEBM Critical Appraisal Sheets
- 1.此篇系統回顧是否提出明確定義的問題？
- 2.是否此篇回顧的搜尋策略可能有遺漏可能合適的臨床試驗？
- 3-1.研究收錄標準是否有明確的界定？
- 3-2.關於研究族群、涉入治療、比較分組及結果評估是否適切？
- 4.所收錄的研究是否是有效力(valid)的研究
(randomization, blinding and completeness of follow-up) ？
- 5.如果有meta-analysis，所收錄的研究是否有足夠的一致性以產生合併的資料？

此篇系統回顧是否提出明確定義的問題？ (PICO)

What question (PICO) did the systematic review address?	
What is best?	Where do I find the information?
<u>The main question being addressed should be clearly stated.</u> The exposure, such as a therapy or diagnostic test, and the outcome(s) of interest will often be expressed in terms of a simple relationship.	The Title , Abstract or <i>final paragraph of the Introduction</i> should clearly state the question. If you still cannot ascertain what the focused question is after reading these sections, search for another paper!
This paper: Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>	

Acupuncture for pain in endometriosis.

Zhu X¹, Hamilton KD, McNicol ED.

+ Author information

Abstract problem

BACKGROUND: Endometriosis is a prevalent gynaecological condition, significantly affecting women's lives. Clinical presentations may vary from absence of symptoms to complaints of chronic pelvic pain, most notably dysmenorrhoea. The management of pain in endometriosis is currently inadequate. Acupuncture has been studied in gynaecological disorders but its effectiveness for pain in endometriosis is uncertain.

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AUTHORS' CONCLUSIONS: The evidence to support the effectiveness of acupuncture for pain in endometriosis is limited; based on only a single study that was included in this review. This review highlights the necessity for developing future studies that are well-designed, double-blinded, randomised controlled trials that assess various types of acupuncture in comparison to conventional therapies.



此篇回顧的搜尋策略是否可能遺漏可能合適的臨床試驗？

F - Is it unlikely that important, relevant studies were missed?	
What is best?	Where do I find the information?
The starting point for comprehensive search for all relevant studies is the major bibliographic databases (e.g., <u>Medline, Cochrane, EMBASE, etc</u>) but should also include a search of reference lists from relevant studies, and contact with experts, particularly to inquire about unpublished studies. <u>The search should not be limited to English language only.</u> The search strategy should include both MESH terms and text words.	The Methods section should describe the search strategy, including the terms used, in some detail. The Results section will outline the number of titles and abstracts reviewed, the number of full-text studies retrieved, and the number of studies excluded together with the reasons for exclusion. This information may be presented in a figure or flow chart.
This paper: Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>	
Comment:	

此篇回顧的搜尋策略是否可能遺漏可能合適的臨床試驗？

Search methods for identification of studies

Electronic searches

The Cochrane Menstrual Disorders and Subfertility Group (MDSG) search strategy was adopted. Reports which described (or might describe) randomised controlled trials of acupuncture in the treatment of endometriosis were obtained using the following strategy.

(1) The MDSG Specialised Register of controlled trials was searched for any trials with endometriosis in the title, abstract, or keyword sections.

(2) The following electronic databases were searched (from inception to 2010): Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library*), MEDLINE, EMBASE, CINAHL, AMED, and PsycINFO.

(3) Two electronic Chinese databases were examined (1990 to 2010): China Knowledge Infrastructure (CNKI), and Traditional Chinese Medicine Database System (TCMDS).

For a detailed search string see ([Appendix 1](#)).

Searching other resources

We searched bibliographies from retrieved studies, narrative reviews, and meta-analyses to identify further relevant articles. Additional searches included conference abstracts on the ISI Web of Knowledge.

有使用主要資料庫
並有使用非英語資料庫

有註明回顧論文總數量及排除數量及原因

- Twenty-three studies failed to meet the inclusion criteria for our review based on the following results.
- One RCT evaluated acupuncture versus drug therapy(danazol); however the pain conditions were not solely related to endometriosis (Yan 2008).
- One study did not assess a pain outcome .
- One study did not include endometriosis among pain conditions
- One study included surgical intervention and not acupuncture
- One study evaluated the effectiveness of moxibustion alone and point injection rather than moxibustion as an adjunctive
- therapy with acupuncture.
- One study was not properly randomised.
- Two studies involved evaluating the effectiveness of acombination of acupuncture plus Chinese herbal medicineversus drug therapy
- Four studies assessed Japanese-style acupuncture
- Four studies compared different methods of acupuncture and lacked a placebo or biomedical group
- Seven studies were non-randomised

3-1. 研究收錄標準是否有明確的界定？

A - Were the criteria used to select articles for inclusion appropriate?	
What is best?	Where do I find the information?
The inclusion or exclusion of studies in a systematic review should be clearly defined a priori. The eligibility criteria used should specify the patients, interventions or exposures and outcomes of interest. In many cases the type of study design will also be a key component of the eligibility criteria.	The Methods section should describe in detail the inclusion and exclusion criteria. Normally, this will include the study design.
This paper: Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>	

研究收錄標準是否有明確的界定

Criteria for considering studies for this review

Types of studies

Studies were included if they were single or double-blind RCTs that compared treatment using acupuncture with placebo (sham acupuncture) or biomedical therapy for the reduction of pain from endometriosis.

Studies containing data on one or more of the secondary outcome variables were also included in this review. Quasi-randomised trials were excluded.

Types of participants

Women of reproductive age with a diagnosis of endometriosis confirmed laparoscopically. Participant exclusion criteria included primary dysmenorrhoea (the absence of an identifiable pathological condition) or asymptomatic endometriosis.



3-2. 關於研究族群、涉入治療、比較分組及結果評估是否適切？

- **Study Groups**
- 1RCTs
- **Intervention**
- auricular acupuncture and Chinese herbal medicine
- **Outcomes**
- The improvement rate did not differ significantly between auricular acupuncture and Chinese herbal medicine for cases of mild or moderate dysmenorrhoea, whereas auricular acupuncture did significantly reduce pain in cases of severe dysmenorrhoea

4. 所收錄的研究是否為有效力(valid)的研究？

A - Were the included studies sufficiently valid for the type of question asked?	
What is best?	Where do I find the information?
The article should describe how the <u>quality of each study</u> was assessed using predetermined quality criteria appropriate to the type of clinical question (e.g., randomization, blinding and completeness of follow-up)...	The Methods section should describe the assessment of quality and the criteria used. The Results section should provide information on the quality of the individual studies.
This paper: Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>	
Comment:	

- The trial included in this review (Xiang 2002) was methodologically weak. Participants were randomised based on their diagnosis of endometriosis over a two-year period; however it appears that neither participants nor researchers were blind to the therapeutic intervention.
- The small sample size of only 67 participants was an additional weakness in this trial

Figure 1. Risk of bias graph: review authors' judgements about each risk of bias item presented as percentages across all included studies.

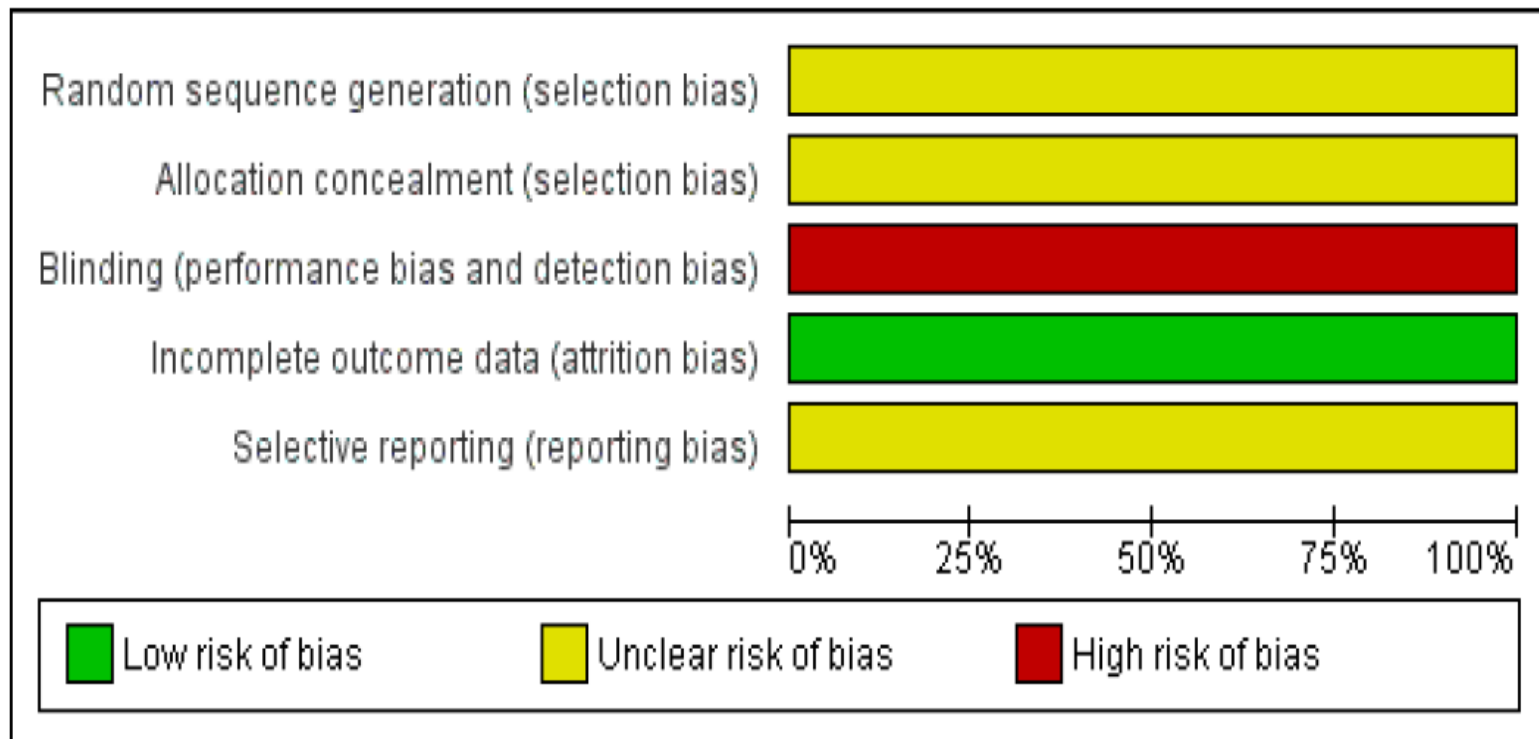


Figure 2. Forest plot of comparison: I Dysmenorrhoea scores, outcome: I.I Scores post-therapy.

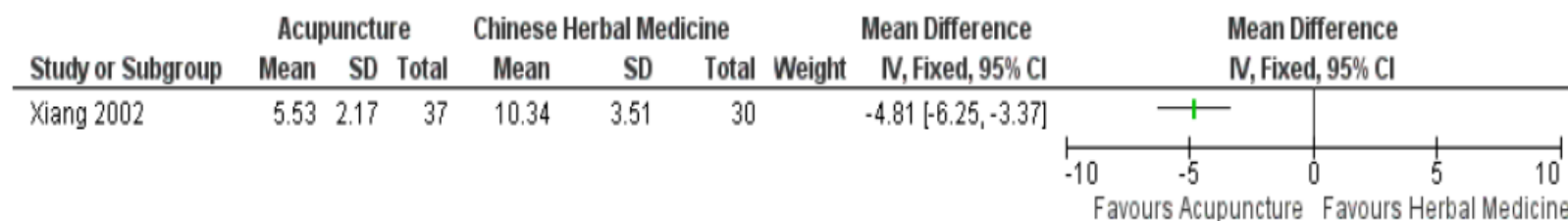
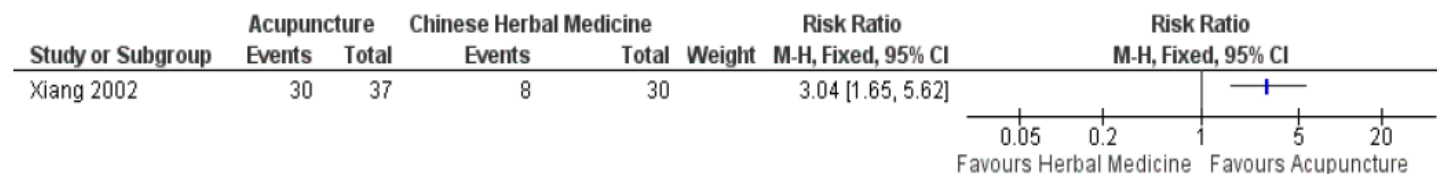


Figure 3. Forest plot of comparison: I “Cure” rates, outcome: I.I Subjects designated “cured” or intervention “significantly effective” according to Guideline for Clinical Research on New Chinese Medicine for Treatment of Pelvic Endometriosis.



5. 如果有meta-analysis，所收錄的研究是否有足夠的一致性以產生合併的資料？

■ T - Were the results similar from study to study? ↻

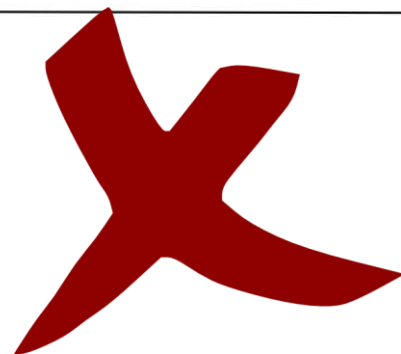
What is best? ↻

Ideally, the results of the different studies should be similar or homogeneous. If heterogeneity exists the authors may estimate whether the differences are significant (chi-square test). Possible reasons for the heterogeneity should be explored. ↻

Where do I find the information? ↻

The **Results** section should state whether the results are heterogeneous and discuss possible reasons. The forest plot should show the results of the chi-square test for heterogeneity and if discuss reasons for heterogeneity, if present. ↻

This paper: Yes ☐ No ☐ Unclear ☐ ↻



Author conclusion

- There is not enough evidence to support the effectiveness of acupuncture for pain in endometriosis based on the results of the single RCT included in this review.
- While the results of this trial did show that auricular acupuncture decreased pain from endometriosis in comparison to Chinese herbal medicine, the overall low-quality of methodology makes broad implications for practice difficult to determine.
- Auricular acupuncture is but one facet of acupuncture therapy and the effectiveness of body acupuncture, most commonly used in practice, has not been evaluated. There is currently a lack of high quality trials to determine the effectiveness of acupuncture versus conventional therapies or placebo.

Impact factor

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Titles

ISO: Cochrane Database Syst Rev.

JCR Abbrev: COCHRANE DB SYST REV

Categories

MEDICINE, GENERAL &
INTERNAL - SCIE

Languages

ENGLISH

12 Issues/Year;

Key Indicators

Year ▼	Total Cites Graph	Journal Impact Factor Graph	Impact Factor Without Journal Self Cites Graph	5 Year Impact Factor Graph	Immediacy Index Graph	Citable Items Graph	Cited Half- Life Graph	Citing Half- Life Graph	Eigenfactor Score Graph	Article Influence Score Graph	% Articles in Citable Items Graph	Normalized Eigenfactor Graph	Average JIF Percentile Graph
2014	43,592	6.035	5.692	6.539	1.007	801	4.8	>10.0	0.14928	2.365	0.00	16.71...	91.883
2013	39,856	5.939	5.432	6.706	0.816	1,007	4.9	>10.0	0.13531	2.326	1.49	14.91...	93.910
2012	34,230	5.785	5.287	6.553	0.728	977	4.9	>10.0	0.12233	2.215	0.61	Not A...	92.581

Step 4: Apply

- 3E : evidence, experience, expectation

我們的病人是否與研究中差異很大	同樣是子宮內膜異位患者
此治療目前是否可行？	中醫門診皆可實行
我們的病人是否可以從該項治療中獲益？	患者可在接受針灸後減緩疼痛
還有哪些替代方案？	Analgesics(NSAID),Estrogen-progestin oral contraceptives,GnRH agonists ,Progestins ,Aromatase inhibitors Surgical management, Chinese herbal medicine
研究結果適用於您的病人嗎？	可以
我們的病人如何看待此治療的結果	不必承擔藥物副作用或手術風險

Step 5:Audit

- 根據研究，**耳穴針灸**治療可以降低子宮內膜異位症所造成的疼痛，在不必承擔藥物副作用或手術風險的情況下，可以作為子宮內膜異位疼痛緩解的替代療法