# Evidence Based Medicine 針灸與慢性疲勞

#### 主治醫師:鄭為仁 住院醫師:畢宇蕎 Intern:俞學ジ、蕭家任、何其錩、張旨余、閻暐勳 2017/11/29

## Scenerio

 黃醫師於門診時,遇到一位64 y/o female,有Chronic fatigue syndrome。
 病人多年來感覺異常疲累但在西醫各科看診卻檢查不出原因,家屬提問 能不能藉由針刺及艾灸來改善慢性疲勞的問題?

 他主要想探討的是 針刺及艾灸真的能改善慢性疲勞嗎

執行 EBM 五大步驟 (5A)

Asking an answerable question

Acquire the best available evidence

Appraise their validity & usefulness

嚴格評讀文獻效度

搜尋最佳文獻證據

問可以回答的問題

Apply to your unique patients

用於你的病人之上

Assess performance of above procedures

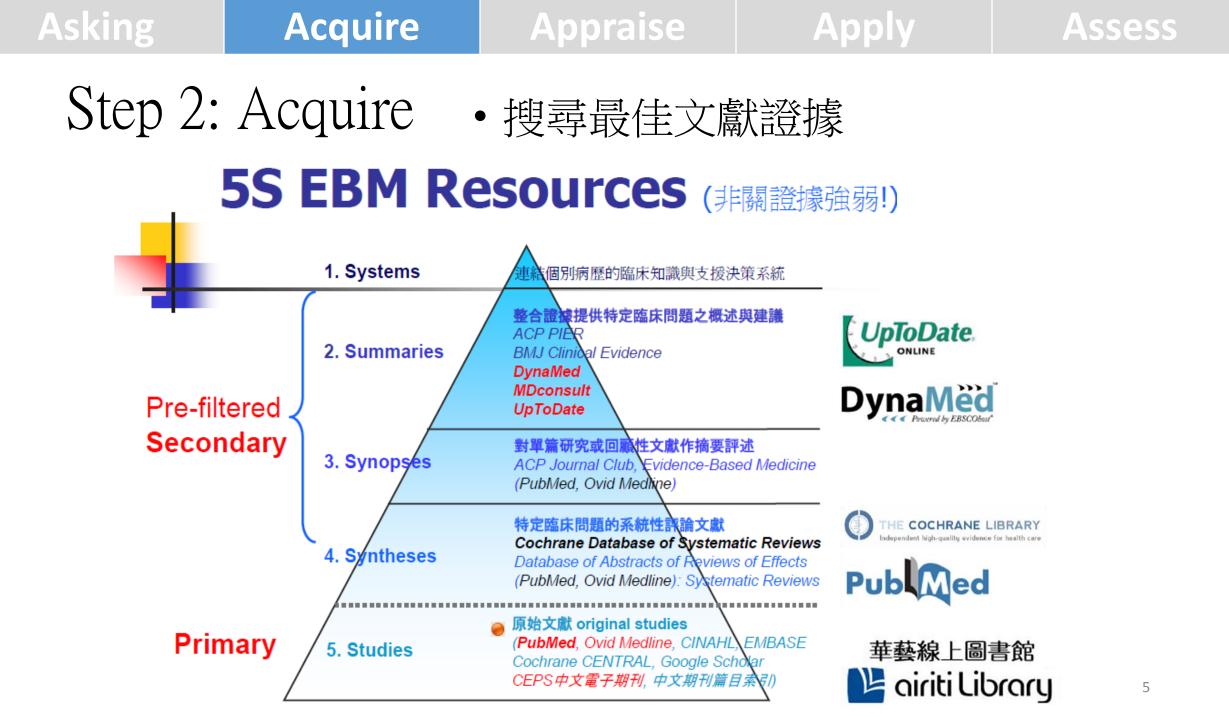
▶ 稽核上述四個步驟

Asking Acquire Appraise Apply Assess

## Step 1: Asking

- 由臨床資料問可以回答的問題
- PICO

Patient/Problem	Chronic fatigue syndrome患者
Intervention	Acupuncture and moxibustion
Comparison	Chinese herbal medicine < Western medicine < Sham-acupuncture (Placebo)
Outcome	Relieve symptoms



Asking Acquire Appraise Apply Assess

## Step 2: Acquire

- 關鍵字設定
- Acupuncture, Moxibustion
- Chronic fatigue syndrome

#### Acquire

Appraise

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# Step 2: Acquire-UpToDate

Q

#### **UpToDate**<sup>®</sup>

Acupuncture, moxibustion, Chronic fatigue syndrome

檢索結果: "Acupuncture, moxibustion, Chronic fatigue syndrome"



moxibustion = Ritual healing practices

chronic fatigue syndrome = Chronic fatigue syndrome / Systemic exertional intolerance disease

按一下 acupuncture 的相關詞彙 complementary and alternative medicine, traditional chinese medicine

#### Complementary and alternative medicine in pediatrics

...style of acupuncture, which is gentler than the Chinese style. Acupuncture commonly is recommended by clinicians; over one-third of North American pediatric pain treatment programs provide acupuncture services... religious or ritual healing practices (eq. coining or sand painting),...

Acupuncture

Summary

#### Acupuncture

. specifically stated, "acupuncture" in this topic refers to these two most common procedures. A general discussion of acupuncture is presented here. Additional discussions of acupuncture for rheumatic conditions ...

Acupuncture encounter

Summary and recommendations

#### Differential diagnosis of suspected child physical abuse

... yarn on the skin. It is used in Southeast Asia, where it is considered a form of acupuncture. The lesions of moxibustion appear as a pattern of small discrete circular burns and may be confused with cigarette ...

Cultural practices

Summarv

### 使用關鍵字 Acupuncture **Moxibustion** Chronic fatigue syndrome 符合條件結果:10



Asking

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## Step 2: Acquire-DynaMed



Acupuncture, Moxibustion, Chronic fatigue syndrome



Browse: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Browse Categories

#### 1-8 of 8 Page: 1

#### Acute low back pain

Insomnia in adults

Dysmenorrhea

COPD

Ulcerative colitis

Diabetic peripheral neuropathy

Posttraumatic stress disorder (PTSD)

Stroke rehabilitation

使用關鍵字 Acupuncture Moxibustion Chronic fatigue syndrome 符合條件結果:8

Acute low back pain
Related Summaries
General Information
Epidemiology
🗄 Etiology and Pathogenesis
🗄 History and Physical
🛨 Diagnosis
🗄 Treatment
🕒 Complications and Prognosis
🗄 Quality Improvement
🗄 Guidelines and Resources

Patient Information

# Step 2: Acquire-Cochrane Library



Asking

Trusted evidence. Informed decisions. Better health.

Acquire

Search	Search Manager	Medical Terms (MeSH)
Title, Abstract, Keywords	<ul> <li>Acupuncture and moxibustion, 0</li> </ul>	Chronic fatigue syndrome
Search Limits Search	Help (Word variations have been search	hed)
Clear		

## 使用關鍵字 Acupuncture Moxibustion Chronic fatigue syndrome 符合條件結果:1

Apply

All Results (7)	Database of Abstracts of Reviews of Effect : Issue 2 of 4, April 2015
Cochrane Reviews (0)	There is 1 result from 36795 records for your search on 'Acupuncture and moxibustion, Chronic fatigue syndrome in Title, Abstract, Keywords in Other Reviews'
All	
◯ Review	Sort by Relevance: high to low ~
○ Protocol	
Other Reviews (1)	Select all Export all Export selected
◯ Trials (6)	A meta analysis on randomized controlled trials of <b>acupuncture</b> treatment of <b>chronic fatigue syndrome</b> (Provisional
O Methods Studies (0)	abstract)
	Centre for Reviews and Dissemination
<ul> <li>Technology Assessments (0)</li> </ul>	Original Author(s): Wang JJ , Song YJ , Wu ZC , Chu XO , Wang XH , Wang XJ , Wei LN and Wang QM
<ul> <li>Economic Evaluations (0)</li> </ul>	Acupuncture Research, 2009, 34(6), 421-428
O Cochrane Groups (0)	

Appraise

Export selected



Assess

### Acquire

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# Step 2: Acquire-PubMed

Publed.gov US National Library of Medicine National Institutes of Health	PubMed <ul> <li>Acupuncture and moxibustion, Chronic fatigue syndrome</li> <li>Create RSS</li></ul>	使用關鍵字
Article types Clinical Trial	Format: Summary - Sort by: Most Recent - Per page: 20 - Send to -	Acupuncture
Review Customize	See 4 citations found by title matching your search: Acupuncture and moxibustion for chronic fatigue syndrome in traditional Chinese medicine: a systematic	Moxibustion
Text availability Abstract Free full text Full text PubMed Commons	review and meta-analysis. Wang T et al. BMC Complement Altern Med. (2017) [Randomized controlled clinical trials of acupuncture and moxibustion treatment of chronic fatigue syndrome patients]. Lu C et al. Zhen Ci Yan Jiu. (2014) A systematic review of acupuncture and moxibustion treatment for chronic fatigue syndrome in China. Wang T et al. Am J Chin Med. (2008)	Chronic fatigue syndrome 符合條件結果:21
Reader comments Trending articles Publication dates 5 years	Search results         Items: 1 to 20 of 21         << First < Prev	("acupuncture"[MeSH Terms] OR "acupuncture"[All Fields] OR "acupuncture therapy"[MeSH
10 years Custom range <b>Species</b> Humans Other Animals <u>Clear all</u>	<ul> <li>Acupuncture and moxibustion for chronic fatigue syndrome in traditional Chinese medicine: a</li> <li>systematic review and meta-analysis.</li> <li>Wang T, Xu C, Pan K, Xiong H.</li> <li>BMC Complement Altern Med. 2017 Mar 23;17(1):163. doi: 10.1186/s12906-017-1647-x. Review.</li> <li>PMID: 28335756 Free PMC Article Similar articles</li> </ul>	Terms] OR ("acupuncture"[All Fields] AND "therapy"[All Fields]) v OR "acupuncture therapy"[All .:: Search See more
Show additional filters	<ul> <li>Acupuncture and Moxibustion have Different Effects on Fatigue by Regulating the Autonomic</li> <li>Nervous System: A Pilot Controlled Clinical Trial.</li> <li>Shu Q, Wang H, Litscher D, Wu S, Chen L, Gaischek I, Wang L, He W, Zhou H, Litscher G, Liang F. Sci Rep. 2016 Nov 25;6:37846. doi: 10.1038/srep37846.</li> <li>PMID: 27886247 Free PMC Article</li> </ul>	Recent Activity
	Similar articles	10

#### Acquire

Appraise

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#### Assess

# Step 2: Acquire-華藝線上圖書館

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Health (1)			Chronic Stress; Anxiety; 10.4236/health.2015.710144		ntal Cortex ; Corticost	erone			
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使用關鍵字 Acupuncture Moxibustion Chronic fatigue syndrome 符合條件結果:1 Asking

Acquire

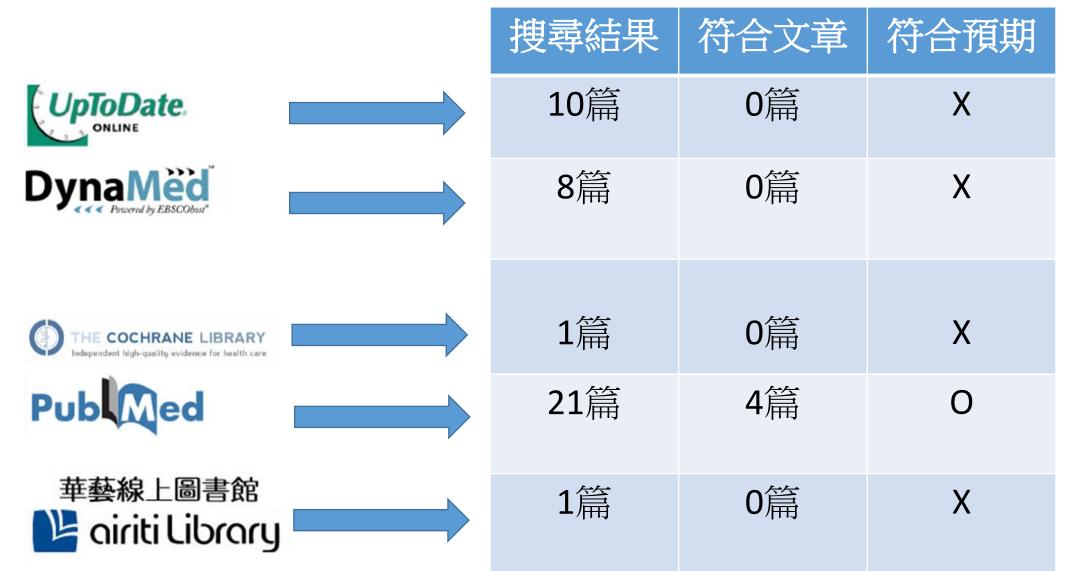
Appraise

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Assess

12

# Step 2: Acquire-結果



### Asking

### Acquire

Appraise

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# Step 2: Acquire-結果

Pub Med.gov	PubMed V Acupuncture and moxibustion, Chronic fatigue syndrome	Search
US National Library of Medicine National Institutes of Health	Create RSS Create alert Advanced	Help
Article types Clinical Trial	Format: Summary - Sort by: Most Recent - Per page: 20 - Send to -	Filters: Manage Filters
Review Customize <b>Text availability</b> Abstract Free full text Full text	See 4 citations found by title matching your search: Acupuncture and moxibustion for chronic fatigue syndrome in traditional Chinese medicine: a systematic review and meta-analysis. Wang T et al. BMC Complement Altern Med. (2017) [Randomized controlled clinical trials of acupuncture and moxibustion treatment of chronic fatigue syndrome patients]. Lu C et al. Zhen Ci Yan Jiu. (2014) A systematic review of acupuncture and moxibustion treatment for chronic fatigue syndrome in China.	Find related data Database: Select Find items
PubMed Commons Reader comments	Wang T et al. Am J Chin Med. (2008)	Search details
Trending articles Publication dates 5 years	Search results           Items: 1 to 20 of 21         << First < Prev Page 1 of 2 Next > Last >>	"acupuncture"[All Fields] OR "acupuncture therapy"[MeSH
10 years Custom range Species Humans Other Animals <u>Clear all</u>	<ul> <li>Acupuncture and moxibustion for chronic fatigue syndrome in traditional Chinese medicine: a</li> <li>systematic review and meta-analysis.</li> <li>Wang T, Xu C, Pan K, Xiong H.</li> <li>BMC Complement Altern Med. 2017 Mar 23;17(1):163. doi: 10.1186/s12906-017-1647-x. Review.</li> <li>PMID: 28335756 Free PMC Article</li> <li>Similar articles</li> </ul>	Terms] OR ("acupuncture"[All Fields] AND "therapy"[All Fields]) OR "acupuncture therapy"[All Search See more
Show additional filters	<ul> <li>Acupuncture and Moxibustion have Different Effects on Fatigue by Regulating the Autonomic</li> <li>Nervous System: A Pilot Controlled Clinical Trial.</li> <li>Shu Q, Wang H, Litscher D, Wu S, Chen L, Gaischek I, Wang L, He W, Zhou H, Litscher G, Liang F. Sci Rep. 2016 Nov 25;6:37846. doi: 10.1038/srep37846.</li> <li>PMID: 27886247 Free PMC Article Similar articles</li> </ul>	Recent Activity

AskingAcquireAppraiseApplyAssess

Step 3: Appraise

• 嚴格評讀文獻效度

Step 3: Appraise-嚴格評讀文獻效度

Acquire

Asking

## Critical Appraisal Skills Programme (CASP) Systematic Review Checklist

Appraise

Apply

Are the results of the review valid? Q1~5

What are the results? Q6~7

Will the results help locally? Q8~10

Assess

# AskingAcquireAppraiseApplyAssessCASP

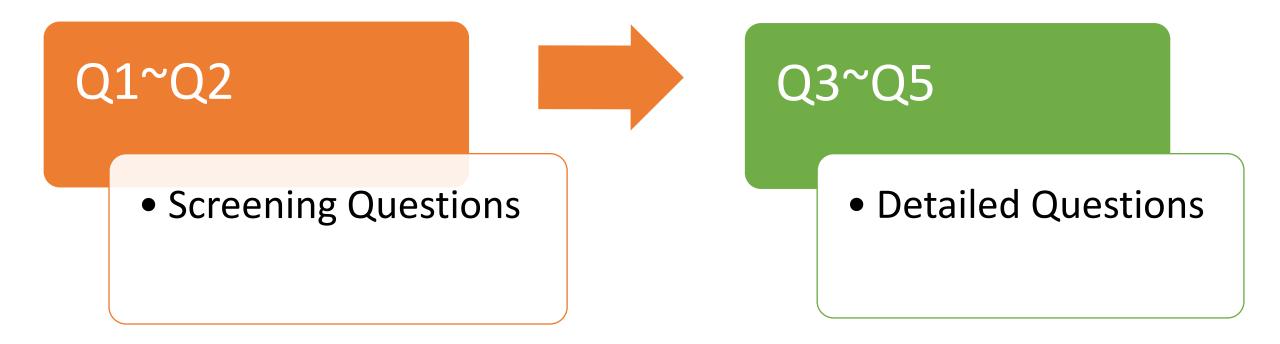
## Systematic Review Checklist

- 1. Did the review address a clearly focused question?
- 2. Did the authors look for the right type of papers?
- 3. Do you think all the important, relevant studies were included?
- 4. Did the review's authors do enough to assess the quality of the included studies?
- 5. If the results of the review have been combined, was it reasonable to do so?
- 6. What are the overall results of the review?
- 7. How precise are the results?
- 8. Can the results be applied to the local population?
- 9. Were all important outcomes considered?
- 10. Are the benefits worth the harms and costs?

Are the results of the review valid?

Acquire

Asking



Appraise

Apply

Assess

Asking Acquire Appraise Apply Assess

1. Did the review address a clearly focused question?

The intervention given

Acupuncture and moxibustion for chronic fatigue syndrome in traditional Chinese medicine. systematic review and metaanalysis The population studied

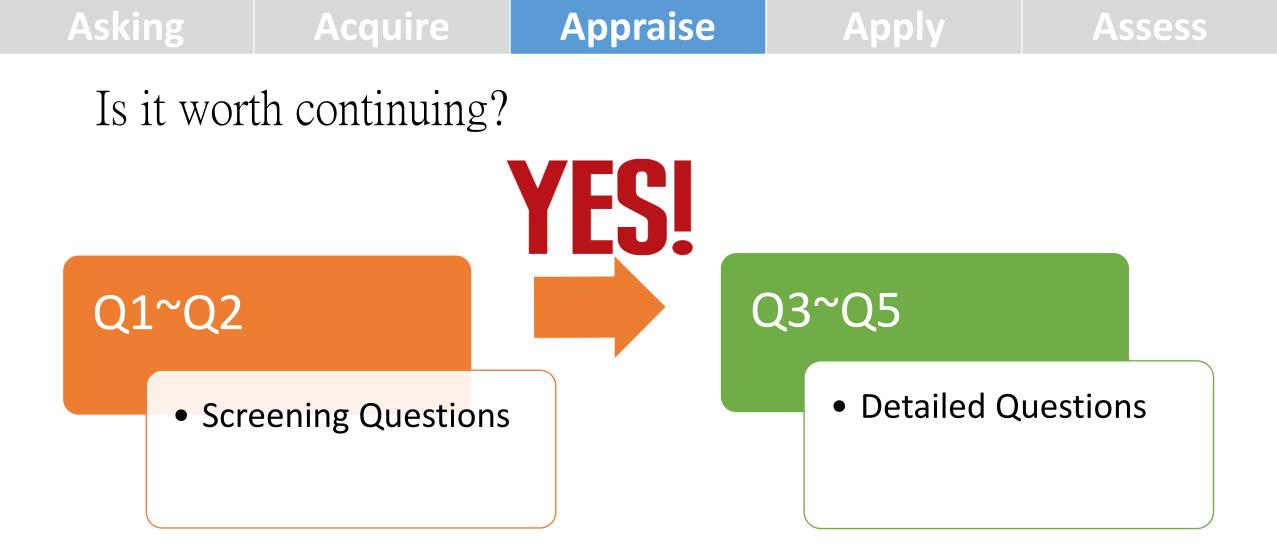
The outcomes considered ?



## 2. Did the authors look for the right type of papers?

**Methods:** We comprehensively reviewed literature including PubMed, EMBASE, Cochrane library, CBM (Chinese Biomedical Literature Database) and CNKI (China National Knowledge Infrastructure) up to May 2016, for <u>RCT clinical</u> research on CFS treated by acupuncture and moxibustion. Traditional direct meta-analysis was adopted to analyze the difference between AM and other treatments. Analysis was performed based on the treatment in experiment and control groups. Network meta-analysis was adopted to make comprehensive comparisons between any two kinds of treatments. The primary outcome was total effective rate, while relative risks (RR) and 95% confidence intervals (CI) were used as the final pooled statistics.





AskingAcquireAppraiseApplyAssess3. Do you think all the important, relevant studies were included?

#### Search strategy and study selection

We searched through the databases of PubMed, EMBASE, Cochrane library, Chinese Biomedical Literature Database (CBM), China National Knowledge Infrastructure (CNKI), China Master Theses Full-text Database (CMTD), China Doctor/Maseter's Dissertations (CDMD) Fulltext Database. The last search for all databases was updated to May 2016. We used the combined method 3. Do you think all the important, relevant studies were included?

Appraise

Apply

Assess

Acquire

Asking

updated to May 2016. We used the combined method of MeSH Term and free words by applying the following terms: acupoint injection, acupuncture, acupuncture and moxibustion, acupuncture points, acupuncture therapy, auricular acupuncture, auricular plaster, body acupuncture, coiling dragon needling, dermal needle, dry needling, ear acupuncture, ear seed pressure, Electro-acupuncture, embedding, embedding therapy, fire needle, moxibustion, panlongci, percussopuncture, point injection, pricking blood, scalp acupuncture, trigger points, meridians and chronic fatigue syndrome, chronic fatigue, fatigue syndrome, Myalgic Encephalopathy in PubMed, EMBASE, Cochrane library and relevant Chinese words in CBM and CNKI.

AskingAcquireAppraiseApplyAssess

3. Do you think all the important, relevant studies were included?

## Inclusion criteria

(1) Randomized controlled trials (RCTs) in English or Chinese were included regardless of whether <u>published</u> or unpublished. (2) The patients were diagnosed under



4. Did the review' s authors do enough to assess the quality of the included studies?

#### Quality assessment

The quality assessment of all studies included in this review was independently evaluated by two reviewers (Wang TW and Xu C) using the Cochrane Collaborations tool [24]. Seven criteria were applied: (1) random sequence generation, (2) allocation concealment, (3) blinding of participants and personnel, (4) blinding of outcome assessment, (5) incomplete outcome data, (6) selective reporting and (7) other bias (defined as baseline data comparability). For each item, the evaluation was denoted as low, high or unclear risk according to the descriptions of the method in each study. Any disagreement was resolved by discussion with the third author (Xiong HY).

Can't tell

5. If the results of the review have been combined, was it reasonable to do so?

Acquire

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Appraise

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Traditional meta-analysis was adopted for direct comparison. Random effects model was adopted for overall and subgroup analysis if obvious heterogeneity existed, otherwise fixed effects model. Furthermore, both models were adopted to test the difference of the two models for sensitivity analysis. At the same time, sensitivity analysis was finished by removing any single trial in each group. Statistical heterogeneity was evaluated by the Cochran's Chi-squared test (with P < 0.10 indicating statistically significant heterogeneity) and the statistic  $I^2$  [25] (The heterogeneity might not be important 低 (25%)、中 (50%)、高 (75%)

5. If the results of the review have been combined, was it reasonable to do so?

Appraise

Apply

#### SAM versus Chinese herbal medicine

Acquire

Asking

Twelve trials [17, 18, 31, 33, 38, 41, 44, 45, 48, 51, 54, 58] 951 participants (478 in experiment group and 473 in control) were included in this group. With only not important heterogeneity existed ( $I^2 = 29.8\%$ , p = 0.15), the pooled result of the 8 trials was performed with fixed effect model and the result (RR (95% CI), 1.22 (1.14-1.30) showed that SAM had better effects than Chinese herbal medicine (Fig. 4). There was no publication bias after egger's test (p = 0.82).



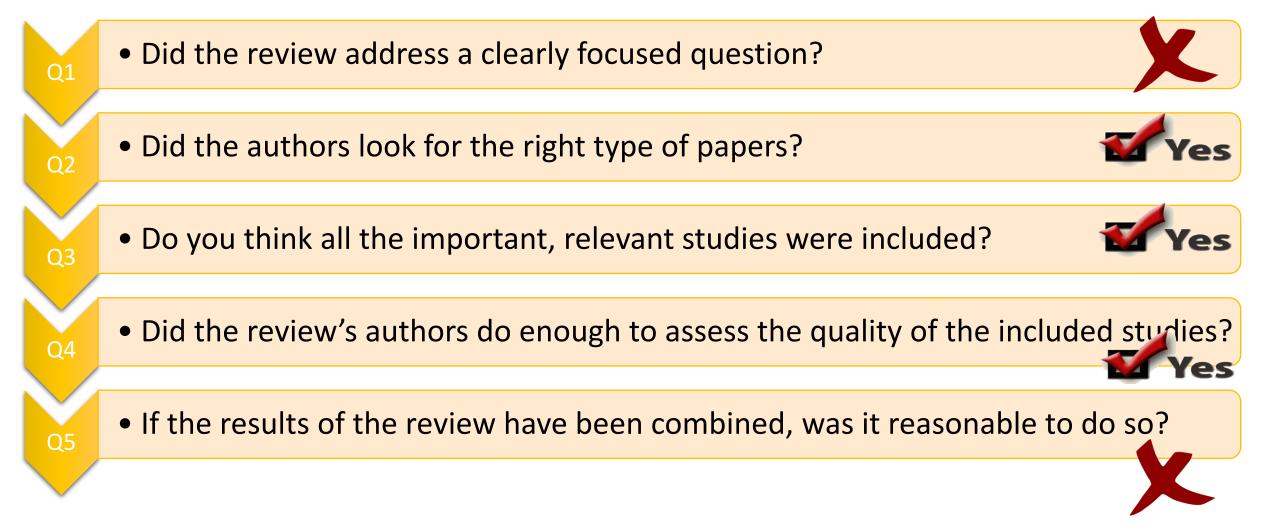
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# IS THE TRIAL Valid?

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Asking



Appraise

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Assess

Asking Acquire Appraise Apply Assess

## Critical Appraisal Skills Programme (CASP) Systematic Review Checklist

Are the results of the review valid? Q1~5

## What are the results? Q6~7

Will the results help locally? Q8~10

	Experim	ental	Co	ontrol	Risk Ratio				
Study			Events	Total		RR	95%-Cl	W(fixed)	W(rando
					5				
Shengyou Xie 2009	28	30	24	30		1.17	[0.95; 1.43]	11.8%	11.
Yaqi Guo 2009	28	30	26	30		1.08	[0.91; 1.28]	12.7%	16.
Yumin Lin 2010	29	30	24	30		1.21	[1.00; 1.46]	11.8%	12.
Juan Du 2010	28	30	26	30		1.08	[0.91; 1.28]	12.7%	16.
Yumin Lin 2012	48	50	40	50		1.20	[1.03; 1.39]	19.6%	20.
Taiting Zhou 2013	29	33	21	33		- 1.38	[1.04; 1.84]	10.3%	5.
Qingmei Dai 2013	24	26	19	23		1.12	[0.90; 1.39]	9.9%	9.
Yuexuan Lai 2014	26	30	23	30		1.13	[0.89; 1.44]	11.3%	7.
Fixed effect model		259		256		1.17	[1.09; 1.25]	100%	
Random effects mode					$\diamond$	1.15	[1.08; 1.23]		10
Heterogeneity: I-squared=	0%, tau-sq	uared=	=0, p=0.83	07					
					0.75 1 1.5				

Forest plot of CbAM versus Chinese herbal medicine

	Experin	nental	Co	ntrol	Risk Ratio				
Study	Events	Total	Events	Total		RR	95%-Cl	W(fixed)	W(random)
Jiaxuan Xiong 2005	39	43	32	44		1.25	[1.02; 1.53]	9.2%	9.3%
Honglin Li 2007	29	31	26	30		1.08	[0.91; 1.28]	7.7%	12.0%
Danling Ye 2009	29	30	25	30	- <u></u>	1.16	[0.98; 1.38]	7.3%	11.5%
Dongdong Wu 2010	12	15	8	15		- 1.50	[0.88; 2.57]	2.3%	1.8%
Xingguo Li 2010	94	100	74	100		1.27	[1.12; 1.44]	21.5%	16.2%
Dongdong Wu 2010	28	31	23	31		1.22	[0.96; 1.54]	6.7%	7.5%
Xiaomin Rao 2011	29	33	20	30		1.32	[0.99; 1.75]	6.1%	5.7%
Yimin Zhu 2012	24	30	22	30		1.09	[0.82; 1.44]	6.4%	5.8%
Jin Yu 2013	25	30	24	30	<u> </u>	1.04	[0.82; 1.32]	7.0%	7.4%
Taiting Zhou 2013	19	33	21	33		0.90	[0.61; 1.34]	6.1%	3.3%
Lei Zhou 2014	65	72	41	70	· · · ·	1.54	[1.25; 1.90]	12.1%	8.9%
Fengyi Liu 2014	27	30	26	30		1.04	[0.86; 1.25]	7.6%	10.7%
Fixed effect model		478		473	<b>\$</b>	1.22	[1.14; 1.30]	100%	
Random effects mode	1				4	1.19	[1.10; 1.28]		100%
Heterogeneity: I–squared=	29.8%, tau	-squar	ed=0.005,	p=0.154	2				
					0.5 1 2				
5 . I. (CM)									
Forest plot of SAM versus Chines	e herba	l mec	licine					L	🗖
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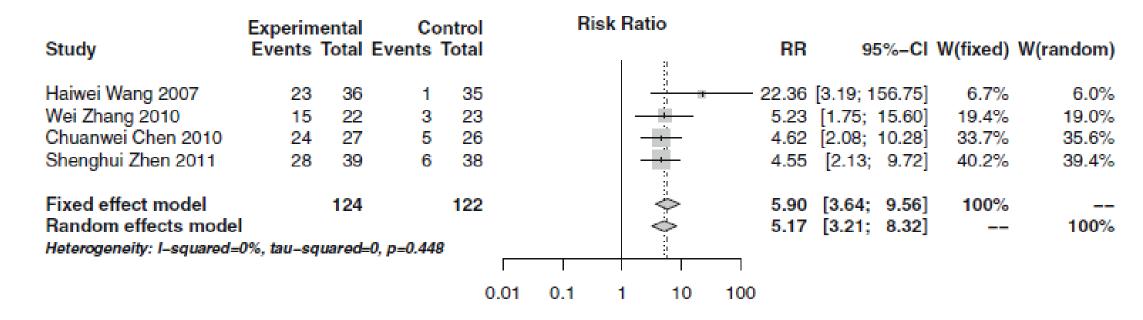
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No

	Experime	ntal	Co	ntrol	1	Risk Ratio	)				
Study	Events T	otal E	vents	Total				RR	95%-CI	W(fixed)	W(random)
Aisong Guo 2007 Caide Yang 2009 Xiuling Chen 2011 Ying Wang 2013	29 36 28 36	33 39 30 40	19 28 20 20	32 42 30 40				1.38 1.40	[1.08; 2.02] [1.10; 1.75] [1.07; 1.83] [1.30; 2.50]	22.4% 31.3% 23.2% 23.2%	19.7% 35.8% 26.4% 18.1%
Fixed effect model Random effects mod Heterogeneity: I-square	lel	142 ared=0,	p=0.585	144 33	Γ	-			[1.31; 1.74] [1.28; 1.70]	100% 	100%
					0.5	1	2				

Forest plot of SAM versus western medicine





Forest plot of SAM versus placebo treatment (sham-acupuncture)

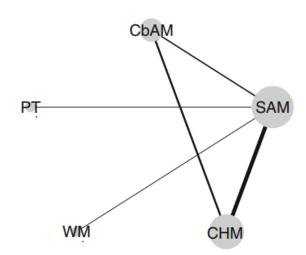


Study	Experim Events			ontrol Total	Risk Ratio R	R 95%-C	W(fixed)	W(random)
Debin Zhang 2007 Haitao Wang 2010 Taiting Zhou 2013 Yongxiu Liang 2014 Weiquan Zhong 2014	28 30 29 39 37	30 32 33 43 40	23 23 19 33 34	30 32 33 43 40		22 [0.98; 1.52 30 [1.03; 1.65 53 [1.11; 2.10 18 [0.98; 1.43 09 [0.93; 1.27	17.4% 14.4% 25.0%	9.3% 23.6%
Fixed effect model Random effects mode <i>Heterogeneity: I–squared</i>		178 squared	d=0.0018	178 , p=0.330 [ 0.		23 [1.12; 1.36] 20 [1.09; 1.33]		 100%

Forest plot of CbAM versus SAM



Assess



Assess

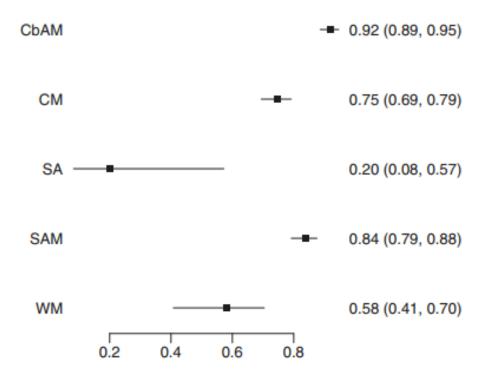
Fig. 8 Network of involved treatments. CbAM, combined acupuncture and moxibustion; SAM, single acupuncture or single moxibustion; CHM, Chinese herbal medicine; WM, western medicine; PT, placebo treatment (sham-acupuncture)

Table 1 Comparison of network meta-analysis and traditional meta-analysis

	CbAM		SAM		Chinese medicin	e	Western medicin	ie	Placebo (Sham-acupuncture)	
Treatment	T-meta <sup>a</sup>	N-meta <sup>b</sup>	T-meta <sup>a</sup>	N-meta <sup>b</sup>						
CbAM	-	-	1.23 (1.12–1.36)	1.10 (1.04–1.17)	1.17 (1.09–1.25)	1.23 (1.15–1.32)	-	1.68 (1.29–1.69)	_	5.84 (1.19-12.21)
SAM	-	0.91 (0.85-0.96)	-	-	1.22 (1.14–1.30)	1.12 (1.03–1.21)	1.51 (1.31–1.74)	1.53 (1.17–2.43)	5.90 (3.64–9.56)	5.31 (1.74–11.07)
Chinese medicine	-	0.81 (0.77–0.87)	-	0.89 (0.83-0.97)	-	-	-	1.20 (1.10–1.50)	-	4.00 (2.50-6.90)
Western medicine	-	0.62 (0.37-0.77)	-	0.68 (0.41-0.85)	-	0.76 (0.46-0.96)	-	-	-	3.20 (1.90-5.50)
placebo (sham-acupuncture)	-	0.21 (0.08-0.53)	-	0.24 (0.09-0.58)	-	0.26 (0.10-0.65)	-	0.37 (0.12-0.99)	-	-

<sup>a</sup>stands for traditional meta-analysis <sup>b</sup>stands for network meta-analysis





Absolute risk(effective rate) of all treatments



Assess

Acquire

Apply

Assess

6. What are the overall results of the review?7. How precise are the results?

#### Adverse events

Asking

Of the conducted trials, adverse events happened in four studies [17, 31, 33, 42]. In total, there was fainting during acupuncture (6 cases), feeling of acid bilges on the back (6 cases), subcutaneous hematoma (1 case), burn during moxibustion (1 case). No serious adverse events happened.

#### Acupuncture point

The acupoints were chosen with two ways, constant point and constant point plus points based on the basis of symptoms. After analysis of points adopted in trial, we found *Walking Three Miles (ST36), Spleen Locus (BL20),* and *Liver Locus (BL18)* were the three points most commonly used (Additional file 2: Figure S1).



Asking Acquire Appraise Apply Assess

## Critical Appraisal Skills Programme (CASP) Systematic Review Checklist

Are the results of the review valid? Q1~5

What are the results? Q6~7

Will the results help locally? Q8~10

8. Can the results be applied to the local population?

We included 31studies (Additional file 1: Table S1), all of these were conducted in China and published in Chinese. The sample size of these studies ranged from 30 to 200, and the total number of patients was 2255. The age of patients ranged from 18 to 78, and the duration of treatment was from 10 to 90 days.



9. Were all important outcomes considered?

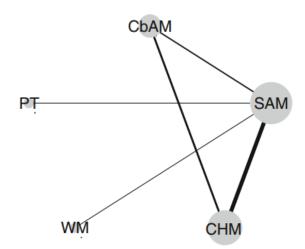
• What kinds of CHM and WM?

Acquire

• What kinds of SA?

Asking

- CHM vs WM not included
- Network inconsistency



Assess

Fig. 8 Network of involved treatments. CbAM, combined acupuncture and moxibustion; SAM, single acupuncture or single moxibustion; CHM, Chinese herbal medicine; WM, western medicine; PT, placebo treatment (sham-acupuncture)

Only four trials described blinding of participants (single or double)

Appraise

Apply

• Effective rate was not a validated outcome and the definition could be subjective

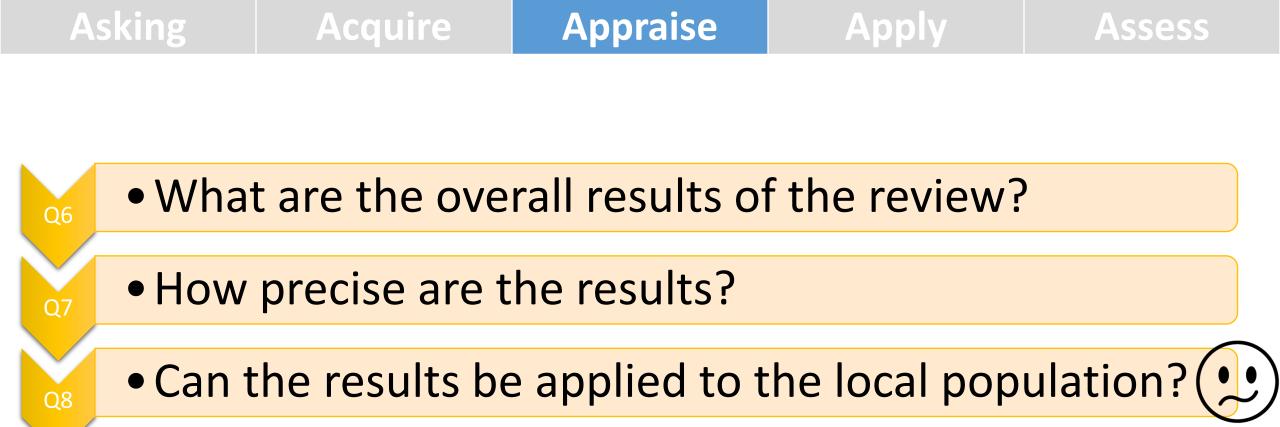


10. Are the benefits worth the harms and costs?

## Conclusions

In this systematic review, we evaluated the treatment effect of acupuncture and moxibustion comprehensively which were found to be more effective than Chinese herbal medicine, western medicine and placebo treatment (sham-acupuncture) in relieving symptoms. However, because of low quality evidence and heterogeneity, further studies are required to confirm this hypothesis.







Q9

Q10

Are the benefits worth the harms and costs?

Asking Acquire Appraise Apply Assess

Step 4: Apply

•用於病人身上

- 病人是否可以從該項治療中獲益?
   研究結果顯示針灸與艾灸對慢性疲勞的治療效果優於純 中藥治療、西藥治療與安慰劑的使用。
- 我們的病人與研究對象是否有差異?
   研究結果適用於我們的病人嗎?
   此治療技術上是否可行?
   本研究對象全數來自中國人,沒有西方人。
   治療技術上是可行的。
- 接受此治療需花費多少?
   沒特別提及,針灸艾灸屬於,可負擔。
- 還有哪些替代方案? SAM、CHM、western medicine…
- 病人的想法為何?
   希望透過針灸與艾灸治療能讓自己精神比治療前好

Evidence	Expertise	Expectation
<list-item></list-item>	<ul> <li>Benefit vs. Risk Chinese people</li> <li>Feasibility feasible</li> <li>Cost affordable</li> <li>Alternatives SAM          CHM          western medicine</li> </ul>	<ul> <li>希望治療後精神優 於治療前</li> <li>可接受此項治療</li> </ul>

Asking Acquire Appraise Apply Assess

Step 5: Assess

• 稽核以上4步驟

- 審視Step 1-4,提供下次改善的依據
  - 雖然paper的quality不夠好,但仍具參考價值。
- 追蹤、評估病人的outcome

針灸加艾灸的治療效果大於中草藥、西藥、與安 慰劑

## References

 Acupuncture and moxibustion for chronic fatigue syndrome in traditional Chinese medicine: a systematic review and metaanalysis.Wang T, Xu C, Pan K, Xiong H. BMC Complement Altern Med. 2017 Mar 23;17(1):163. doi: 10.1186/s12906-017-1647-x. Review.