實證醫學

指導醫師:鄭為仁 醫師、林新瑜 醫師 報告人員:陳柏太 Scenario+Ask(PICO) 吳根培 Acquire 張芳瑜、魏禎瑩 Appraise 鄭存翔 Apply + Audit + 統整

Scenario 臨床情境

- 游先生,58歲,半年前因MCA infarction入 院並接受昇昇醫師的針灸治療,苦命實習醫 師C在Duty診詢問病史時,家屬表示病人頻 頻嗆咳,希望改善吞嚥功能,對於昇昇醫師 的針灸治療有效/無效感到困惑?
- 他的主要問題是

- 針灸是否能改善中風後的吞嚥困難?

Ask – PICO

- 提問:由臨床資料提出可回答的臨床問題。
 Problem病人問題
 Dysphagia caused by stroke
 Intervention介入處置
 Acupuncture
 Comparison對照的處置
 Non-acupuncture treatment
 Outcome臨床結果
 Dysphagia的改善程度
- 屬於一個治療型的臨床問題。

Acquire

- Problem: stroke, dysphagia
- Intervention: acupuncture
- Comparison: placebo, no acupuncture
- Outcome: beneficial in the rehabilitation

Acquire - secondary database UpToDate

	UpToDate [®]
	Welcome, China Medical University (Library) Log In / Register
	acupuncture stroke dysphagia Q Contents Patient Education What's New Practice Changing UpDates Calculators Drug Interactions V
	Search Results for "acupuncture stroke dysphagia"
	All Adult Pediatric Patient Graphics Collapse Results
	Click related term for stroke: cerebrovascular disease
	Click related term for acupuncture: traditional chinese medicine, complementary and alternative medicine
	Management of late complications of head and neck cancer and its treatmentIschemic stroke can be a late complication of neck irradiation . In a Canadian cancer registry study of 14,069 patients treated for cure between 1990 and 2010, 6 percent had an ischemic stroke Dysphagia and esophageal toxicity – Dysphagia and esophageal toxicity are multifactorial Small randomized trials suggest that acupuncture provides meaningful palliation for patients with xerostomia Acupuncture Dysphagia Summary and Recommendations
	Swallowing disorders and aspiration in palliative care: Assessment and strategies for management can present enormous challenges to patients with dysphagia . In one study, more than 60 percent of subjects with chronic dysphagia had difficulty swallowing tablets . Some common complaints include multiple When to suspect a swallowing disorder
	Summary and recommendations
h	Overview of approach to long-term survivors of head and neck cancer

Acquire - secondary database Cochrane library

	Cochrane Library	decisions.	Log in / Register ♥
	Search	Search Manager Medical Terms	s (MeSH) Browse
	Title, Abstract, Keywords	"acupuncture"	Go Save
Ξ	AND \$ Search All Text	stroke	Add to Search Manager
Θ	AND Search All Text	dysphagia	
	Search Limits Search Help	(Word variations have been searched)	
	Clear		
All F	Results (126)	ochrane Database of Systematic Reviews : Issue 3 of 12, March 2018	
o c	ochrane Reviews (3)	sue <u>updated daily</u> throughout month	
-	All Review	ere are 3 results from 10231 records for your search on '"acupuncture" in Title eviews'	, Abstract, Keywords and stroke and dysphagia in Cochrane
0	Protocol		Sort by Relevance: high to low \$
	ther Reviews (2) rials (121)	lect all Export all Export selected	
	lethods Studies (0)	Acupuncture for dysphagia in acute stroke	
	echnology Assessments (0) conomic Evaluations (0)	Yue Xie , Liping Wang , Jinghua He and Taixiang Wu Online Publication Date: July 2008	
	cochrane Groups (0)	Chine Fubilitation Date. Sury 2000	Review
• A • C	ll current Issue	Interventions for dysphagia and nutritional support in acute and subacute str Chamila Geeganage , Jessica Beavan , Sharon Ellender and Philip MW Bath	

Acquire - secondary database 本土資料庫

🕒 oiriti L	ibrary 華	藝線上	圖書館				Language ᅌ
_	2						中國醫藥大學,您好!
瀏覽 進階板	俞索 儲值&	購物車		登入 加入會員	購買點數 個人(上服務 │客服中	叩心 使用說明 網站地圖
文章	出版品 🗍	所有欄位			٩	▼ 更多選項	֎ 查詢歷史
期刊文章 會議論文 8 0	文 碩博士論文 0	t 電子書 0	紙本書 68				
依下方條件來精確結	果	查詢 (針灸 🗆	户風 失語) = 所有楷	间位			
來源資料庫		篇名.關鍵字	.摘要	诸 刊名	起始年	- 結束年 - 枯	☆索結果再查詢 →
CEPS中文電子期刊(8)							
學科分類		每頁 10 筆					
◆ 醫藥衛生(原:醫學) (8)	與生命科學)	共8筆,1	- o #t				共1頁 🚺 1 🕨
年代			計匯出 🖙 加	入追蹤 🛒 加入購	物車		相關程度最高 ▼
2014年以後 (1) 2012年以後 (1) 2010年以後 (2)	▼ 展開	杨職	<mark>灸治疗中风失语</mark> 蕾(Lei Yang); 業與健康 25卷20 风失语症; 针灸;	朔(2009/10),2217-3	2218		🔄 加入追蹤 🚺 全文下載
出版品名稱							
陝西中醫 (2) 傳統醫學雜誌 (1)		陳	朝宗(Chao-Tsung	症之中西醫合併 Chen) ; 朱雲宸(Yu S期 (2007/09) , 772	n-Chen Sung);	陳允宜(Yun-Yee	e Chen) ;

Acquire - primary database Pubmed

bMed Hom	e More	Resources 🔻	Help				
Med Ad	vanced	Search Build	ler				You Tube Tutorial
	((acupu	ncture) AND str	oke) AND	dysphagia			
	Edit						Clear
	Builder						
		All Fields	\$	acupuncture	0	Show index	list
	AND \$	All Fields	\$	stroke	0	Show index	list
	AND \$	All Fields	\$	dysphagia	•	Show index	list
	AND \$	All Fields	\$		0	Show index	list
	Sparch	or Add to hist	004				
	Search	Of <u>Add to hist</u>	<u>.01y</u>				
	History				Dow	nload history Cl	ear history
		Add to builder		Query		Items found	Time
	<u>#2</u>	Add	Search ((a	cupuncture) AND stroke) AND dysphagia Sort by: Best Match			17:16:49

Acquire- primary database pubmed

\cup	Does t	he additio	n of s	pecific	acup	uncture	to st	andard	swal	lowind	ı trair	ina	im	prove (outcome	s

in patients with dysphagia after stroke? a randomized controlled trial.
 Xia W, Zheng C, Zhu S, Tang Z.

Clin Rehabil. 2016 Mar;30(3):237-46. doi: 10.1177/0269215515578698. Epub 2015 Mar 26. PMID: 25819076 Free PMC Article Similar articles

- Observation on theraputic effect of five-needle-in-nape acupuncture for treatment of
- 15. poststroke pesudobulbar paralysis dysphagia].

Li M, Sun JH, Lu JW, Liu LY, Geng H. Zhongguo Zhen Jiu. 2009 Nov;29(11):873-5. Chinese. PMID: 19994683

Similar articles

A meta-analysis of the efficacy of acupuncture in treating dysphagia in patients with a

16. stroke.

Long YB, Wu XP. Acupunct Med. 2012 Dec;30(4):291-7. doi: 10.1136/acupmed-2012-010155. Epub 2012 Sep 22. PMID: 23000511 Similar articles

Acupuncture for dysphagia in poststroke patients: a videofluoroscopic study.

- ^{17.} Seki T, Iwasaki K, Arai H, Sasaki H, Hayashi H, Yamada S, Toba K. J Am Geriatr Soc. 2005 Jun;53(6):1083-4. No abstract available. PMID: 15935049 Similar articles
- Acupuncture and swallowing reflex in poststroke patients.

^{18.} Seki T, Kurusu M, Tanji H, Arai H, Sasaki H. J Am Geriatr Soc. 2003 May;51(5):726-7. No abstract available. PMID: 12752859 Similar articles

- Acupuncture for stroke: evidence of effectiveness, safety, and cost from systematic reviews.
- ^{19.} Zhao XF, Du Y, Liu PG, Wang S.



• Pubmed: 51

(評讀 "A meta-analysis of the efficacy of acupuncture in treating dysphagia in patients with a stroke.")

- UpToDate: 0
- Cochrane library: 3
- 華藝線上圖書館: 8

Level of evidence

Strength	Level	Design	Randomization	Control
High	Level 1	Randomized control trial (RCT)	Yes	Yes
		Meta-analysis of RCT with homogeneous results	No	
	Level 2	Prospective comparative study (therapeutic)	No	Yes
		Meta-analysis of Level 2 studies or Level 1 studies	No	
		with inconsistent results		
	Level 3	Retrospective Cohort Study	No	Yes
		Case-control Study	No	Yes
		Meta-analysis of Level 3 studies	No	
	Level 4	Case Series	No	No
	Level 5	Case Report	No	No
		Expert Opinion	No	No
Low		Personal Observation	No	No

A <u>meta-analysis</u> of the efficacy of acupuncture in treating dysphagia in patients with a stroke

Yao-Bin Long, Xiao-Ping Wu



Appraisal

- Validity (Reliability) 信度
 - Can we believe it? (研究方法的探討)
 - 錯誤errors
 - 偏誤bias
- Impact (Importance) 重要性

-We believe it ! But does it matter? (研究結果的分析)

- Practice (Applicability) 臨床適用性
 - If we believe it does it apply to our patients? (如何在臨床運用)



- Q1. Did the review address a clearly focused question?
 - The population studied
 - The intervention given
 - The outcome considered 🗸

Outcome measure

The effect of treatment was evaluated according to criteria as follows¹⁴:

- 1. Recovery: the complete resolution of dysphagia.
- 2. Markedly improved: nearly complete resolution of dysphagia.
- 3. Improved: partial resolution of dysphagia but swallowing difficulty remains in the sitting position.
- 4. No improvement: slight change or no change in dysphagia.

The effective rate of improvement in two groups was calculated using the following formula:

effective rate=(recovery+markedly improved +improved)/total number.

Acupuncture treatment might have an important role in the treatment of dysphagia, but the evidence is weak. We performed a systematic reviel and meta-analysis to investigate whether acupuncture is effective in the treatment P dysphagia in patients with a stroke.

С

in the control group, medicine and/or rehabilitation training only were used.

Wang X, 2011	28/30	25/30	WST
Liu J, 2011	25/30	23/30	Non-WST

Non-WST, included video-fluoroscopic swallowing study test or other measures; WST, water swallowing test.

- Q2. Did the authors look for the right type of papers?
 - Have an appropriate study design 🗸

The inclusion criteria for the study were:

- 1. Study type: randomised controlled trials (RCTs).
- 2. Subjects included in the study: all patients with a stroke who met the diagnostic criteria of dysphagia.
- Interventions: in the treatment group, medicine and/ or rehabilitation training plus acupuncture were used; in the control group, medicine and/or rehabilitation training only were used.
- 4. The baseline information was comparable.

- Q3. Do you think all the important, relevant studies were included? ×
 - Which bibliographic databases were used
 - Follow up from reference lists
 - Personal contact with experts 🧳
 - Search for unpublished as well as published studies
 - Search for non-English language studies

Relevant studies were sought using the search engines of PubMed, Embase, Cochrane Library and CBM disc (China Biological Medicine Database) on 1 September 2011. The search

Exclusion criteria

The exclusion criteria for the study were:

1. Review articles and editorials.

X

- 2. Case reports.
- 3. Management not using acupuncture.
- 4. The design of the study did not include acupuncture and control groups.

X

5. Quasi-RCTs and case-control trials.

higher quality if they met two of these criteria—that is, acceptable method of randomisation; blinded assessor; full adjustment for all withdrawals and dropouts.¹⁶ To achieve as full an implementation as possible, authors of the papers were contacted by email or telephone, when possible.

 Q4. Did the review's authors do enough to assess the quality of the included studies?

Decisions about the studies to be included were made by the two authors independently. Titles and abstracts were

We appraised the study quality by a randomisation method, blinding of the assessor of outcome and full adjustment for withdrawals and dropouts, as originally described by Jadad *et al.*¹⁵ We considered studies to be of

Jadad Quality Score

Quality of the included studies

Most of the reports included were brief and gave no information about randomisation or participant and assessor blinding, or details of withdrawals and dropouts. Four studies included met our criteria for higher quality. Studies by Han,⁷⁰ Qu²¹ and Su and Lai⁷⁸ were correctly randomised and used a blinded assessor. Xie *et al*⁵⁸ was correctly randomised, used a blinded assessor, and made full adjustment for withdrawals and dropouts.

Jadad Quality Score

Jadad 分數表

評估項目	分數	說明
1.是否隨機分派 (randomized)	2	詳細說明如何進行隨機分派方式且正確
	1	提及採隨機分派,但未說明方式
	0	未採隨機方式如類實驗法
2.是否雙盲實驗 (double-blind)	2	具體說明如何進行雙盲實驗,且被認為恰當
	1	提及採雙盲實驗,但未說明如何進行
	0	使用單盲或未採盲化
3. 對失聯及退出樣本的追蹤	1	清楚說明個案退出及失聯原因
(withdrawals & drop-out)	0	未說明個案退出及失聯原因

Scores \geq 3 was considered with high-quality.

- Q5. If the results of the review have been combined, was it reasonable to do so?
 - The results were similar from study to study
 - The results of all the included studies are clearly displayed
 - The results of the different studies are similar
 - The reasons for any variations in results are discussed

data and 95% CIs.^{19 20} Heterogeneity between included studies was tested using a χ^2 test.

patients with a stroke. The p value of the heterogeneity test was 0.0003 and a random-effects model was used.

<u>The four higher-quality studies^{21 58 70 78}</u> were included in a subgroup analysis, which again demonstrated a statistically significant effect for acupuncture in comparison with no acupuncture (OR=2.34, 95% CI 1.34 to 4.07, p=0.003; p value of the heterogeneity test 0.87).

Appraisal - Impact

- Q6. What are the overall results of the review?
- Q7. How precise are the results?
- a. a pooled OR of 5.17 (95% CI 4.18 to 6.38)
- a highly significant difference between the acupuncture treatment group and non-acupuncture group (p<0.0001)

Fig 1. Evaluation of the effective ra for acupuncture

	Study or Subgroup	Acupunc		Contro Events		0	dds Ratio	/ M-H,	Rando	m, 95%	6 CI
	Bao H 2011	30	20		20	1.00	10 75 10 00 10 07				
	Bao YH 2005 Cao Q 2008	25 54	30 60	42	30 60	1.6%	13.75 [3.92, 48.27] 3.86 [1.41, 10.57]	_			
	Chen M 2008	19	20		20	0.7%	10.23 [1.12, 93.34]	-			
	Chen Y 2003	31	34	13	34	1.4%	3.72 [0.91, 15.22]	-			
ate	Chen YK 2010	18	21	3-4	62	1.5%	4.94 [1.32, 18.51]				
ucc	Deng XH 2011 Ding DG 2007	43 25	46 27	29	42 27	1.5%	6.43 [1.68, 24.56] 5.26 [1.00, 27.69]				
	Dong Y 2009	29	31		33	1.1%	3.22 [0.80, 17.36]				
	Fan CF 2007	26	30	27	30	1.6%	15.17 [4.09, 56.25]				
	Feng LM 2006	16	20	10	20	1.4%	4.00 [0.98, 16.27]	-			
	Han JC 2004	33	34		32	0.7%	3.41 [0.34, 34.65]				
	Han XY 2010 Han YH 2007	50	53 40	39 25	53 33	1.5%	5.98 [1.61, 22.29]				
	He YQ 2006	32	35	8	35	1.4%	6.08 [1.19, 31.02] 36.00 [8.68, 149.28]		\longrightarrow		
	Huang Z 2007	31	32	20	30	0.8%	15.50 [1.84, 130.57]		-		
	Ji Q 2004	31	35	8	35	1.6%	26.16 [7.08, 96.59]				
	Jiang GM 2007	27	30	16	30	1.4%	7.88 [1.96, 31.68]				
	Jin DQ 2011 LI JA 2008	44 28	46 30	33	40 30	1.2%	4.67 [0.91, 23.94] 5.09 [0.98, 26.43]				
	Li Li 2010	49	50	22 31	46	0.0%	23.71 [2.98, 188.58]				II. Con
	Li Ling 2010	25	30	13	26	1.7%	5.00 [1.46, 17.11]	-			
	Li M 2009	28	32	22	32	1.6%	3.18 [0.88, 11.52]	-			
	Li Z 2009	46	50	37	50	1.7%	4.04 [1.22, 13.43]	-			
	Lin RW 2011 Liu J 2011	26 25	30 30	23	30 30	1.6%	4.97 [1.39, 17.82] 1.52 [0.42, 5.47]		_		
	Liu LL 2007	37	40		40	1.5%	8.22 [2.16, 31.27]				
	Liu SN 2007	36	60	24	60	2.7%	1.83 [0.89, 3.78]		-		E.
	1 III V 2002	20	- 20	24 36	30	0.8%	7.25 [0.82, 64.46]				
					40 30	1.1%	2.22 [0.38, 12.87]				
				24	30	1.5%	3.50 [0.91, 13.53] 2.36 [0.63, 8.92]				
	RC			15	35	1.7%	10.33 [3.00, 35.63]				22
				29	43	1.3%	12.55 [2.66, 59.12]				
				47	64	0.5%	47.53 [2.79, 810.20]				
				25	33 30	1.2%	6.56 [1.29, 33.39]				N
	Shen HJ 2008	38	40		35	1.2%	1.98 (0.51, 7.63) 9.91 (2.03, 48.32)				- ANN
	Su X 2010	28	30	23	30	1.1%	4.26 [0.81, 22.53]	-			
	Sun H 2011	63	100	51	100	3.0%	1.64 [0.93, 2.88]	-	-		
	Teng AQ 2009	15	16	12	16	0.7%	5.00 [0.49, 50.83]				
	Wang BY 2010 Wang CY 2004	14	15 60		14 30	0.7%	10.50 [1.07, 103.51] 6.00 [1.67, 21.58]	5-			
	Wang FY 2007	42	44	21 34	42	1.2%	4.94 [0.98, 24.82]	-			
	Wang HQ 2011	29	30	22	30	0.8%	10.55 [1.23, 90.66]	-			~ /
	Wang T 2011	44	50		50	2.0%	17.11 [6.01, 48.69]				
	Wang X 2011	28 150	30 150	25	30 130	1.1%	2.80 [0.50, 15.73]				
	Wang YH 2005 Wei XY 2006	40	42	21	30	1.2%	91.35 [5.52, 1510.96] 8.57 [1.70, 43.34]				
	Wu G 2007	45	53	49	53	1.6%	0.46 [0.13, 1.63]				
	Xian AX 2007	56	60	-21	30	1.6%	6.00 [1.67, 21.58]	1.0			1.02
	Xie Y 2011	45	70	32	70	2.8%	2.14 [1.08, 4.21]				-
	Xie ZZ 2010 Xu J 2001	22 36	24 40		24 38	1.1%	13.00 [2.48, 68.05] 7.20 [2.12, 24.50]				1.5.3
	Yang YM 2005	69	60	20	30	1.2%	33.14 [8.82, 161.16]				CARLEY -
	Yang ZZ 2006	30	31	27	31	0.7%	4.44 [0.47, 42.26]				155
	Yao GX 2007	27	32	21	32	1.7%	2.83 [0.85, 9.40]		<u></u>		
	Yu GJ 2004	45	59	16	30 30	2.2%	2.81 [1.10, 7.16]				-77
	Yu X 2007 Zhang H 2010	28	30 58	22 40	44	1.2%	5.09 [0.98, 26.43] 2.80 [0.49, 16.04]				The second
	Zhang JL 2007	78	89		89	2.6%	6.34 [2.98, 13.50]				
	Zhang SH 2010	32	33	47 24	29	0.7%	6.67 [0.73, 60.85]	+			
	Zhang WM 2007	108	110	03	110	1.2%	3.67 [0.75, 18.08]	1			
	Zhang VF 2002 Zhao W 2010	26	28 30	22	28 30	1.1%	3.55 [0.65, 19.37] 10.55 [1.23, 90.66]	_			
	Zhao YE 2006	26	30	22	30	1.5%	2.36 [0.63, 8.92]				
	Zhong JB 2005	42	43	23	25	0.6%	3.65 [0.31, 42.48]				
	Zhong XQ 2009	35	40	12	40	1.8%	16.33 [5.14, 51.87]				
	Zhou CD 2006	34	34	24	33	0.5%	26.76 [1.49, 481.69]				
	Zhou CD 2010 Zhou HJ 2004	34 86	50 86	63	50 93	2.5%	2.93 [1.30, 6.65] 83.09 [4.99, 1384.54]		+		
	Zong T 2003	72	00	0.5	10	2 4%	2.70 [1.17, 6.25]				1
	-										
	Total (95% CI)	2070	3208		29				* Fay	/ors	
	Total events Heterogeneity Tau ² =	2870 0 30: Chill	= 110.2	1911 0 df= 71	a 12	avc	ors contro	+			1
	Test for overall effect.							9.1	🖞 ลดเ	Jpuncti	Ire
NEWS LINE	and a second second							avours control Fa	vours acu	panett	

Appraisal - Practice

• Q8. Can the results be applied to the local population?

Yes. All these RCTs were conducted in China.

Appraisal - Practice

• Q9. Were all important outcomes considered?

Subgroup analysis

A. 47 RCTs with criteria of the water swallowing test OR=5.57

95% CI 4.21 to 7.38, p<0.00001; p value of the heterogeneity test 0.0002

B.4 higher-quality studies OR=2.34

95% CI 1.34 to 4.07, p=0.003 p value of the heterogeneity test 0.87

Fig 2. Subgroup of evaluation of the effective rate for acupuncture (water swallowing test)

Study or Subgroup	Acupum Events		Contro			Odds Ratio	/ M-H,	Random,	95%
Bao H 2011	36	59	20	57	3.7%	2.90 (1.36, 6.16)			
Bao YH 2005	25	30	8	30	2.5%	13.75 [3.92, 48.27]		-	-
Cao Q 2008	54	60	42	60	3.0%	3.86 [1.41, 10.57]			
Dena XH 2011	43	46	29	42	2.3%	6.43 [1.68, 24.56]			
Dong Y 2009	29	31	27	33		3.22 [0.60, 17.36]			
an CF 2007	28	30	9	30		15.17 [4.09, 58.25]			_
fan JC 2004	33	34				3.41 [0.34, 34.65]	-		
Han XY 2010	50	53	29 39	32 53		5.98 [1.61, 22.29]			
	32	35		35	2.4%				
te YQ 2006	31	32	8	30	2.2%	36.00 [8.68, 149.28]			
Huang Z 2007			20			15.50 [1.84, 130.57]			
N Q 2004	31	35	8		2.4%	26.16 [7.08, 96.59]			
liang GM 2007	27	30	16		2.2%	7.88 [1.96, 31.68]			
lin DQ 2011	44	46	33	40	1.9%	4.67 [0.91, 23.94]			
LI JA 2008	28	30	22	30	1.8%	5.09 [0.98, 26.43]			
J Li 2010	49	50	31	46	1.3%	23.71 [2.98, 188.58]			
J Ling 2010	25	30	13		2.6%	5.00 [1.46, 17.11]			
J Z 2009	46	50	37		2.6%	4.04 [1.22, 13.43]			
Jin RW 2011	26	30	17		2.5%	4.97 [1.39, 17.82]			
Ju LL 2007	37	40	24	40	2.4%	8.22 [2.16, 31.27]			
Ju Y 2002	~ 1				1.2%	7.25 [0.82, 64.46]			
Liu YM200	Sub	orr	าเท		1.7%	2.22 [0.38, 12.87]			
.iu ZS 200 🔷	JUD	5'`	Jup		2.3%	3.50 [0.91, 13.53]		<u> </u>	
V H 2009					2.5%	10.33 [3.00, 35.63]			-
fao DM 21	7		\frown		2.0%	12.55 [2.66, 59.12]			-
3u F 2009					2.3%	1.98 [0.51, 7.63]		<u>+</u>	
Shen HJ Z			C7		1.9%	9.91 [2.03, 48.32]		1. 10	100
Su X 2010					1.8%	4.26 [0.81, 22.53]		<u> </u>	
Sun H 201					4.2%	1.64 (0.93, 2.88)		+-	
Feng AQ 2009	15	16	12	16	1.1%	5.00 [0.49, 50.83]			-
Vang BY 2010	14	15	8	14	1.2%	10.50 [1.07, 103.51]			
Vang FY 2007	42	44	34	42	1.9%	4.94 [0.98, 24.82]		<u> </u>	
Vang HQ 2011	29	30	22	30	1.3%	10.55 [1.23, 90.66]			
Vang T 2011	44	50	15	50	3.0%	17.11 [6.01, 48.69]			-
Vang X 2011	28	30	25		1.7%	2.80 [0.50, 15.73]		+	
Vei XY 2006	40	42	21	30	1.9%	8.57 [1.70, 43.34]			-
Vu G 2007	45	53	49	53	2.6%	0.46 (0.13, 1.63)		- +	
Ge Y 2011	45	70	32	70	3.9%	2.14 (1.08, 4.21)			
(ang YM 2005	58	60	14		1.9%	33.14 [8.82, 161.16]			
ang ZZ 2006	30	31	27		1.2%	4.44 [0.47, 42.26]			-
/u X 2007	28	30	22	30		5.09 [0.98, 26.43]		<u> </u>	
Chang WM 2007	108	110	103	110	1.9%	3.67 [0.75, 18.08]			
Chang YF 2002	26	28	22	28	1.8%	3.55 [0.65, 19.37]		+	
2hao YE 2006	28	30	22	30		2.36 [0.63, 8.92]			
Chong JB 2005	42	43	23		1.0%	3.65 [0.31, 42.48]	-		-
Chong XQ 2009	35	40	12		2.7%	16.33 (5.14, 51.87)			_
Thou CD 2006	35	34	24	33					-
	34	34 50	24		0.8%	26.76 [1.49, 481.69]			
2hou CD 2010	34	00	21	50	3.5%	2.93 [1.30, 6.65]		1 13 16	
and they are		1070				6 67 (1 2) 7 202			
otal (95% CI)	47.50	1978	1100			5.57 [4.21, 7.38]			
otal events	1758		1188			Terrere a		Fa	vors
feterogeneity: Tau ^a :	= 0.41; Chi	= 88.03	3, clf = 46 (F	" = 0.00	102); P=	41% Favors of	ONTROL	acupi	

Appraisal - Practice

• Q10. Are the benefits worth the harms and costs?



Apply – 4E

Evidence: Level I, Meta-analysis of RCTs with homogeneous result Expertise: 醫師是否擅長針灸 Expectation: 家屬希望改善吞嚥 Economy: 針對中風病人本院有試辦計畫 游先生,58歲,半年前因MCA infarction入院並 接受昇昇醫師的針灸治療,

- Economy:游先生背景不詳,但MCA infarction接受針灸治療是不用自費的

苦命實習醫師C在Duty診詢問病史時,家屬表示 病人頻頻嗆咳,希望改善吞嚥功能(Expectation), 對於昇昇醫師的針灸治療有效/無效感到困惑? - Expertise:昇昇醫師的背景不詳,合理猜測為某教學醫 院主治醫師,專業沒問題。

Audit

- 病:到底是有效還是沒效?
- 醫:針灸改善中風病人的吞嚥功能是有效的。有 針灸跟沒針灸的病人相比之下,吞嚥功能改善的 人數是5倍。
- 病:讚讚,那要針灸。

感謝聆聽