Eficacia de la acupuntura en la cefalea/migraña y diferentes situaciones

The efficacy of acupuncture in the treatment of cephalalgia/migraine and different conditions. Executive summary.
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Eficacia de la acupuntura en la cefalea/migraña y diferentes situaciones

The efficacy of acupuncture in the treatment of cephalalgia/migraine and different conditions. *Executive summary*
Executive summary

Introduction: The Andalusian Agency for Healthcare Technology Assessment (AETSA) proposes that the Ministry for Health and Consumer Affairs avail all healthcare professionals of the best information available from the scientific literature regarding the efficacy of acupuncture to treat cephalalgia and any pathology or health issue in which pain is not the main symptom, as a project to be developed in the context of the agreed collaboration supporting the National Healthcare System’s Quality Plan.

Objective: To evaluate the efficacy of acupuncture in the treatment of cephalalgia/migraine and any pathology or health issue in which pain is not the main symptom.

In addition to cephalalgia, the health topics reviewed were: cerebrovascular accident (CVA or stroke), addictions, asthma, irritable bowel syndrome, vascular-related dementia, depression, peripheral artery disease, nocturnal enuresis, epilepsy, schizophrenia, infertility, and obesity. Bell’s paralysis, prostatic pathologies, obstetric problems (inducing labour, breech presentation), menopausal symptoms, tobacco addiction, tinnitus and xerostomia.

Methodology: To conduct this document, AETSA has sought to integrate in a single text the results available on the efficacy of acupuncture in treating cephalalgia and the efficacy of acupuncture in managing any pathology or health issue in which pain is not the main symptom. To this effect, two overviews were performed in collaboration with the Iberoamerican Cochrane Network an overview of systematic reviews, and an update of this, using data from randomised clinical trials published previously). One with a broader aim than is set out in our remit, the efficacy of acupuncture in the management of pain, including cephalalgia and migraine, and another that assesses the efficacy of acupuncture in treating any pathology or other health situations in which pain is not the main symptom.

Results: The document features data from 37 systematic reviews and 61 clinical trials. To assess the efficacy of acupuncture in the treatment of cephalalgia, 5 systematic reviews and 15 clinical trials were used. In relation to the other medical situations, 32 systematic reviews and 46 clinical trials were involved.

Conclusions: Given the complexity of the assessed technique, the heterogeneity of the studies and the methodological difficulties encountered, this report enables us to only respond to general issues related to the efficacy of acupuncture.
The methodological quality of the included studies varies significantly, with high-quality reviews and randomised clinical trials, and low-quality studies.

To present the conclusions, the acupuncture interventions have been classified according to the degree of efficacy found in the studies relevant to the assessed pathologies or health conditions.

CEPHALALGIA/MIGRAINE

- The following interventions have been classified as being probably beneficial or as having demonstrated fairly clear efficacy, but not as conclusively as those classed as beneficial.
  - Acupuncture to reduce the impact of cephalalgia attacks on the quality of life of patients, compared with standard pharmacological treatment.
  - Acupuncture as prophylaxis of migraine attacks, compared to no treatment regime. It is not beneficial when compared with simulated acupuncture or with standard prophylactic treatment.

- The following interventions have been classified as having a degree of efficacy, as suggested by limited evidence (potentially beneficial).
  - Acupuncture, compared with simulated acupuncture, for reducing generic cephalalgia.
  - The combination of acupuncture with medical treatment, compared with the treatment alone.
  - The efficacy of acupuncture in the short term for the prophylaxis of migraine in women, compared with treatment with flunarizine.

- All other interventions assessed in this report for the management of cephalalgia have been deemed as having unknown or controversial efficacy, on the basis of inconclusive or controversial results that do not provide a clear indication of the intervention’s efficacy or otherwise.

- Following a critical assessment of the reviewed results, no intervention was deemed to fall in the following categories: Beneficial or as having an efficacy that is demonstrated by clear evidence in systematic reviews and/or clinical trials of reasonable quality and consistency. Probably not beneficial, due to a lack of efficacy or to potential detriment, as suggested by the available data.
Not beneficial, due to a lack of efficacy or to potential detriment, as demonstrated by the available data.

OTHER HEALTH SITUATIONS
There follow a series of pathologies and healthcare conditions for which various acupuncture-based regimens have been compared with various control groups. The classification is based on the following levels of efficacy:

- The interventions classified as being probably beneficial or as having demonstrated fairly clear efficacy, but less conclusively than those classed as beneficial.
  Acupuncture (electro-acupuncture, auriculopuncture, acupressure), compared with simulated acupuncture, no acupuncture or antiemetic pharmacological treatment for the management of acute nausea and vomiting caused by chemotherapy.

- The interventions classified as potentially beneficial or as having some efficacy suggested by limited or scant evidence.
  Acupuncture (with or without auriculopuncture), compared with simulated acupuncture or no acupuncture, in women who are undergoing an assisted fertility programme.
  Acupuncture, compared with simulated acupuncture, measures of personal hygiene, reflexotherapy or music therapy for patients with insomnia.
  Acupuncture (electro-acupuncture, auriculopuncture, acupressure), compared with simulated acupuncture, no acupuncture or antiemetic pharmacological treatment for the management of nausea and vomiting in the postoperative setting.

- The pathologies or health situations for which the interventions assessed in this report were deemed as having unknown or controversial efficacy, on the basis of inconclusive or controversial results that do not provide a clear indication of the intervention's efficacy or otherwise, are as follows: Cerebrovascular accident (stroke), addictions (cocaine, heroine, alcohol), asthma, irritable bowel syndrome, vascular-related dementia, peripheral artery disease, nocturnal enuresis, epilepsy, schizophrenia, nausea and vomiting during pregnancy, obesity, Bell's paralysis, prostatic pathologies, labour, foetal cephalic version, the management of menopausal symptoms in healthy women and with breast cancer, withdrawal from tobacco addiction, xerostomia.
• Interventions deemed **probably not beneficial**, due to a lack of efficacy (or to a potential detriment), as suggested by the available data.

  Acupuncture in the management of **nausea and late vomiting**.
  Acupuncture (electro-acupuncture), compared with simulated acupuncture, no acupuncture or pharmacological treatments to alleviate the symptoms of **tinnitus**.

Finally, in addition to efficacy, other aspects must be considered, as with any other technology entering the healthcare system. On the one hand, the technology is assessed for whether it provides comparative benefits – i.e. is more effective – over those that are currently in use, as standard. On the other hand, the organisational capacity to provide the technique must also be assessed, so as not to generate inequalities of access to it. Lastly, the issues of staff training and experience that affect the introduction of the technology must also be considered.

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*Descriptive tables with included studies are available in the webpage of AETSA [http://www.juntadeandalucia.es/salud/aetsa](http://www.juntadeandalucia.es/salud/aetsa) and as a PDF file in the CD-ROM attached to this book*