Acupuncture compared to placebo, a regular treatment or no treatment for TMD patients

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Anticipated absolute effects* (95% CI)</th>
<th>Risk with Acupuncture</th>
<th>Relative effect (95% CI)</th>
<th>No of participants (Studies)</th>
<th>Quality of the evidence (GRADE)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing pain, improving function, increasing maximum interincisal opening assessed with: VAS, mm, CDS, SPS, PPT</td>
<td>The mean reducing pain, improving function, increasing maximum interincisal opening in the intervention group was 0.83 standard deviations higher (0.41 higher to 1.25 higher)</td>
<td>-</td>
<td></td>
<td>96 (4 RCTs)</td>
<td>▪▪▪○ MODERATE 12</td>
<td>Acupuncture shows a statistically significant short-term analgesic effect on patients with TMD of muscular origin.</td>
</tr>
</tbody>
</table>

*The risk in the intervention group (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

CI: Confidence interval; RR: Risk ratio; OR: Odds ratio;

**GRADE Working Group grades of evidence**

**High quality:** We are very confident that the true effect lies close to that of the estimate of the effect

**Moderate quality:** We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different

**Low quality:** Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect

**Very low quality:** We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect

1. Few participants
2. Different diagnostic classifications

**Oppsummering:** Resultatene viser en kortvarig smertereduksjon ved behandling med akupunktur sammenlignet med placebo/ingen behandling for TMD-pasienter. Dokumentasjonen er vurdert å være av moderat kvalitet.

### Acupuncture compared to placebo (Sham acupuncture), for TMD patients

**Patient or population:** TMD patients  
**Intervention:** Acupuncture  
**Comparison:** Placebo (sham acupuncture)

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<th>Anticipated absolute effects (95% CI)</th>
<th>Risk with placebo (Sham acupuncture)</th>
<th>Risk with Akupunktur</th>
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<td>VAS for pain intensity assessed with: VAS mm</td>
<td>-</td>
<td>Risk with placebo (Sham acupuncture)</td>
<td>Risk with Akupunktur</td>
<td>-</td>
<td>107 (5 RCTs)</td>
<td>☭▭◯◯ LOW ▮▮▮▮</td>
<td>Five trials showed favorable effects of acupuncture, whilst the others did not. The pooled meta-analysis of data showed significant improvements in pain intensity for VAS.</td>
</tr>
<tr>
<td>Muscle tenderness follow up: median 14 weeks</td>
<td>-</td>
<td>The mean muscle tenderness in the intervention group was 1.08 standard deviations lower (1.88 lower to 0.28 lower)</td>
<td>-</td>
<td>46 (2 RCTs)</td>
<td>☭▭◯◯ LOW ▮▮▮▮</td>
<td>A meta-analysis of these data showed significant, favorable effects of needle acupuncture.</td>
<td></td>
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- Selection bias (manglende sequering og allokering)
- Attrition bias (mange personer som ikke finner fotoforal av drop out)
- Lav antall av pasienter og studier- fare for type II feil
- Ikke klare diagnostiske kriterier

**Oppsummering:** Resultatene viser smertereduksjon og redusert muskulaer palpasjonsømhet ved behandling med akupunktur sammenlignet med placebo. Dokumentasjonen er vurdert å være av lav kvalitet.