

# AKUPUNKTUR

La Touche R, Goddard G, De-la-Hoz JL, Wang K, Paris-Aleman A, Angulo-Diaz-Parreno S, Mesa J, Hernandez M. Acupuncture in the treatment of pain in temporomandibular disorders: A systematic review and meta-analysis of randomized controlled trials. Clin J Pain 2010b;26:541-550.

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

**Patient or population:** TMD patients

**Intervention:** Acupuncture

**Comparison:** Placebo, a regular treatment or no treatment

Outcomes	Anticipated absolute effects* (95% CI)	Relative effect (95% CI)	No of participants (Studies)	Quality of the evidence (GRADE)	Comments
	Risk with Acupuncture				
<b>Reducing pain, improving function, increasing maximum interincisal opening</b> assessed with: VAS, mm, CDS, SPS, PPT	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)	-	96 (4 RCTs)	⊕⊕⊕○ MODERATE <sup>1 2</sup>	Acupuncture shows a statistically significant short-term analgesic effect on patients with TMD of muscular origin.

\*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)

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	No of participants (Studies)	Quality of the evidence (GRADE)	Comments
	Risk with placebo (Sham acupuncture)	Risk with Akupunktur				
<b>VAS for pain intensity</b> assessed with: VAS mm Scale from: 0 to 100 follow up: mean 12 weeks	-	The mean VAS for pain intensity in the intervention group was 13.63 WMD lower (21.16 lower to 6.1 lower)	-	107 (5 RCTs)	⊕⊕○○ LOW 1 2 3 4	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.
<b>Muscle tenderness</b> follow up: median 14 weeks	-	The mean muscle tenderness in the intervention group was 1.08 standard deviations lower (1.88 lower to 0.28 lower)	-	46 (2 RCTs)	⊕⊕○○ LOW 1 2 3 4	A meta-analysis of these data showed significant, favorable effects of needle acupuncture.

\*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. Selection bias(manglende seusering og og allokering)
2. Attrition bias (manglende detaljer om drop out)
3. Lav antall av pasienter og studier- fare for type II feil
4. Ikke klare diagnostiske kriterier

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