臺北市立萬芳醫院 - 委託財團法人臺北醫學大學辦理
Taipei Municipal Wanfang Hospital (Managed by Taipei Medical University)

A Systematic Review and Meta-analysis of Using Acupuncture and Acupressure for Uremic Pruritus

針灸和穴位按壓能有效降低尿毒症病人皮膚搔癢的程度嗎

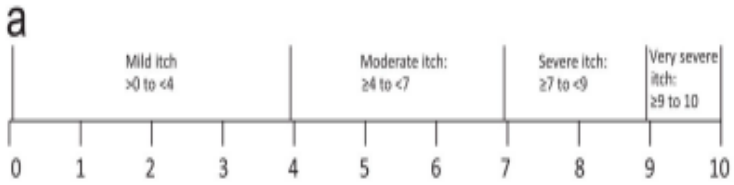
報告者:林秀英/劉秋芬
指導者:陳可欣 副主任
日期:107年9月4日

Shapour, B. A., Ravanshad, Y., Azarfar, A., Mehrad-Majd, H., Torabi, S., & Ravanshad, S. (2018). A systematic review and meta-analysis of using acupuncture and acupressure for uremic pruritus. Iranian Journal of Kidney Diseases, 12(2), 78-83.

Introduction

- Uremic pruritus is a common symptom in patients with end-stage renal disease(ESRD). About 42% of patients reported moderate to severe pruritus.
- Pruritus is an unpleasant sensory and emotional experience associated with an actual or perceived disruption to the skin that produces a desire to scratch.
- Acute pruritus is a daily experience that can usually be abolished by briefly scratching near the area of pruritus. However, chronic pruritus can be debilitating, and local scratching often provides little relief and can instead exacerbate the problem.

Visual Analogue Score（VAS）



0表示沒有瘙癢，10表示非常強烈的瘙癢。

5-D Pruritus Scale

1. **Duration**: During the last 2 weeks, how many hours a day have you been itching?

Less than 6hrs/day	6-12 hrs/day	12-18 hrs/day	18-23 hrs/day	All day
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. **Degree**: Please rate the intensity of your itching over the past 2 weeks

Not present	Mild	Moderate	Severe	Unbearable
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. **Direction**: Over the past 2 weeks has your itching gotten better or worse compared to the previous month?

Completely resolved	Much better, but still present	Little bit better, but still present	Unchanged	Getting worse
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. **Disability**: Rate the impact of your itching on the following activities over the last 2 weeks

	Never affects sleep	Occasionally delays falling asleep	Frequently delays falling asleep	Delays falling asleep and occasionally wakes me up at night	Delays falling asleep and frequently wakes me up at night
Sleep	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	N/A	Never affects this activity	Rarely affects this activity	Occasionally affects this activity	Frequently affects this activity	Always affects this activity
Leisure/Social	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Housework/ Errands	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Work/School	☐	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. **Distribution:** Mark whether itching has been present in the following parts of your body over the last 2 weeks. If a body part is not listed, choose the one that is closest anatomically.

	Present		Present
Head/Scalp	☐	Soles	☐
Face	☐	Palms	☐
Chest	☐	Tops of Hands/Fingers	☐
Abdomen	☐	Forearms	☐
Back	☐	Upper Arms	☐
Buttocks	☐	Points of Contact w/ Clothing	

根據瘙癢的嚴重程度，頻率和分佈，以及睡眠時間和夜間醒來，進行瘙癢評分

步驟 1：系統性文獻回顧探討的問題為何？

研究族群／問題 (Population/ Problem)	Uremia pruritus patient
介入措施 (Intervention)	Acupuncture and Acupressure
比較 (Comparison)	medical treatement
結果 (Outcomes)	Reduce the degree of itching

步驟 2：系統性文獻回顧的品質如何？(FAITH)

F—研究是否找到（Find）所有的相關證據？

良好的文獻搜尋至少應包括二個主要的資料庫(如：Medline, Cochrane考科藍實證醫學資料庫, EMBASE等)，並且加上文獻引用檢索(參考文獻中相關研究、Web of Science,Scopus或Google Scholar)、試驗登錄資料等。文獻搜尋應不只限於英文，並且應同時使用 MeSH 字串及一般檢索詞彙(text words)。

We searched the PubMed, Cochrane Library,Science Direct, Scopus, and Web of Science (updated up to January 2017). Search terms were ‘ ‘(acupuncture or acupressure) AND (UP OR mpruritus OR itch OR itching OR chronic renal disease OR chronic renal failure OR chronic kidney disease OR chronic kidney failure OR ESRD OR hemodialysis OR peritoneal dialysis).
We had limitations for translation from Chinese language, so we did not search Chinese databases.

評讀結果：□是 □否 ■不清楚

步驟 2：系統性文獻回顧的品質如何？(FAITH)

- F—研究是否找到（Find）所有的相關證據？

PRISMA流程圖

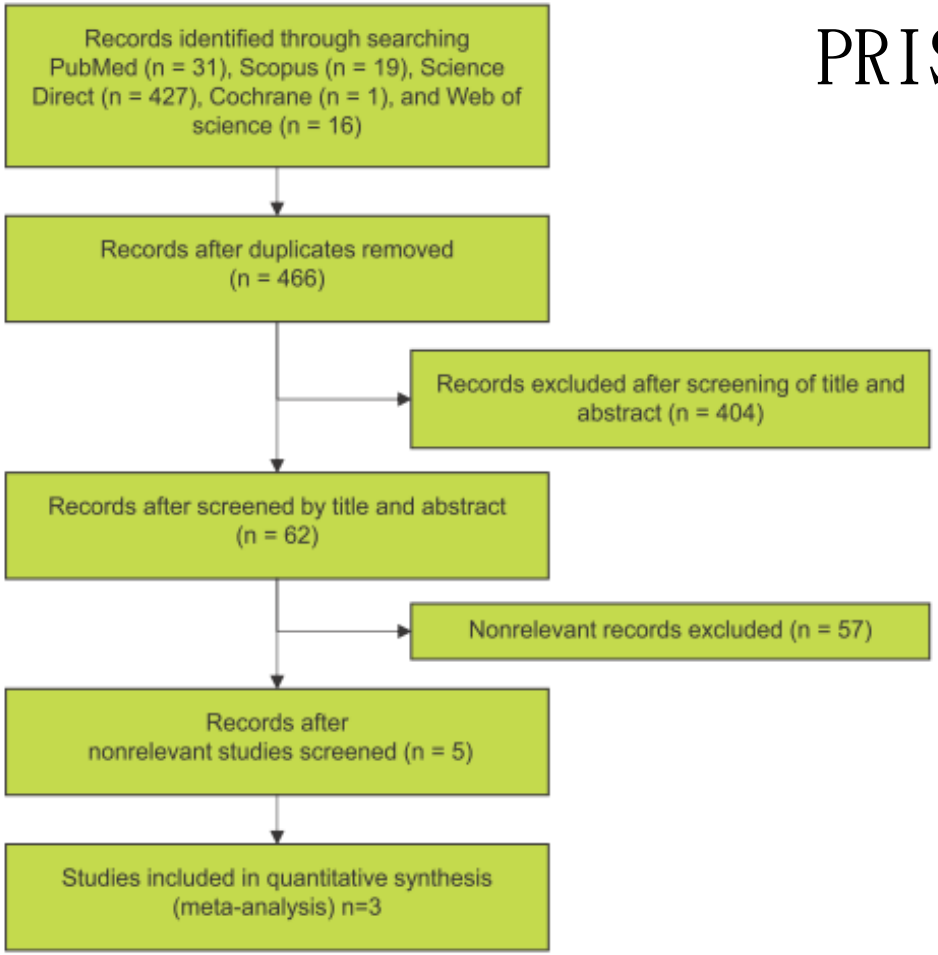


Figure 1. Flow diagram of study selection process.

步驟 2：系統性文獻回顧的品質如何？(FAITH)

A－文獻是否經過嚴格評讀（Appraisal）？

應根據不同臨床問題的文章類型，選擇適合的評讀工具，並說明每篇研究的品質。

Data Extraction and Quality Assessment

Two independent reviewers extracted data from the articles according to the selection criteria. Disagreements were resolved by discussion between the two reviewers considering the opinion of a 3rd reviewer. The quality of randomized controlled trial studies was assessed using the Jaded score system: (1) randomization (the study was described as randomized), (2) double blinding (participant masking and researcher masking), (3) reporting of the number of dropouts and reasons for withdrawal, (4) allocation concealment, and (5) generation of random numbers (by using computer, random numbers table, shuffled cards, or tossed coins).[7]

The following information were abstracted from each included study: first author and year of publication, design of study, sample size, mean age of patients, intervention regime, follow-up duration, concomitant treatment, tools for assessment pruritus, and outcome measures for each group. All the analyses were based on previously published studies, thus no ethical approval or patient consent was required.

Jadad品質評量表

共有5個評讀細項:

1. 隨機化
2. 雙盲
3. 報告退出人數和原因
4. 分配隱藏
5. 隨機分組序列產生的方法

符合一項得1分，得分從0分到5分

步驟 2：系統性文獻回顧的品質如何？(FAITH)

Table 1. Characteristics of Published Clinical Trials Included in Systematic Review

Study	Publication Year	Design	Sample size		Mean Age, y		Intervention Regime Case	Intervention Regime Control	Follow-up, mo	Concomitant Treatment Used for Both Groups	Jaded Score
			Case	Control	Case	Control					
Duo[7]	1987	Cross-over clinical trial	6	3	50.5	...	Electro acupuncture, 3 times weekly	Superficial electrical stimulation, n = 3	1	Sleeping pills (n = 2)	1

Electrical needle therapy of uremic pruritus (1987)

Table 2. Outcomes of Clinical Trials

Study	Publication Year	Assessment Tool	Mean Visual Analogue Scale Score		Intergroup Results	Within Group Results
			Case	Control		
Duo[7]	1987	Pruritic score scale	...	...	...	Decreased pruritic scores and increased sleeping hours (6 of 6)

- RESULTS

Duo7 designed a cross-over study. Electroacupuncture was conducted 3 times a week during a mean of 24.7 days per 1 course of treatment. Three patients received 3 courses of treatment and 2 had 1 course. In all the patients, electro-acupuncture alleviated UP symptoms and improved the number of sleep hours during and after the treatment, whereas superficial electrical stimulation failed to do so.

步驟 2：系統性文獻回顧的品質如何？(FAITH)

Table 1. Characteristics of Published Clinical Trials Included in Systematic Review

Acupuncture in haemodialysis patients at the Quchi (LI11) acupoint for refractory uraemic pruritus (2005)

Che-Yi et al[8]	2005	Randomized clinical trial	20	20	62.4	63.2	Acupuncture, 1 hour 3 times weekly for 4 weeks	Sham acupuncture (penetrating, no acupuncture point)	3	Antihistamines and phosphate binders	2

IG:每週三次，透析時在曲池穴位（LI11）單側針灸1小時，持續4週

CG:透析時針對曲池穴2cm外側非穴位處施用針刺（假針灸）1小時，每週三次，持續4週

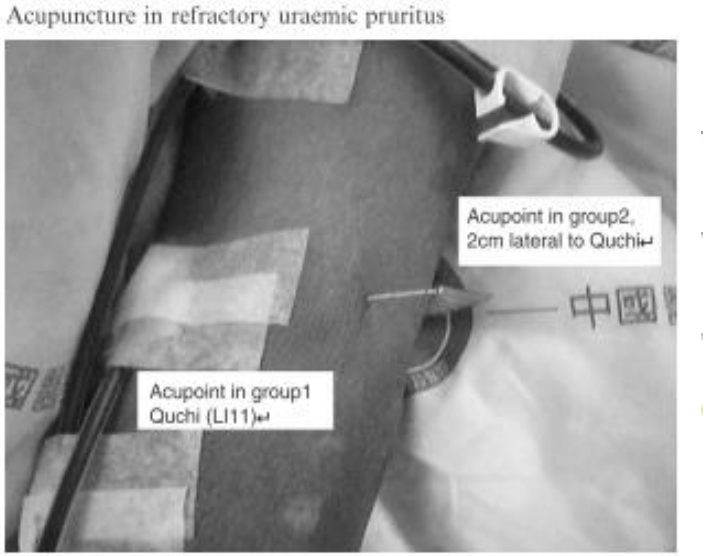


Fig. 1. The location of the Quchi (LI11) acupoint in group 1, and the non-acupoint used in group 2 (control group).

步驟 2：系統性文獻回顧的品質如何？(FAITH)

Table 2. Outcomes of Clinical Trials

Study	Publication Year	Assessment Tool	Mean Visual Analogue Scale Score		Intergroup Results	Within Group Results
			Case	Control		
Acupuncture in haemodialysis patients at the Quchi (LI11) acupoint for refractory uraemic pruritus (2005)						
Che-Yi et al[8]	2005	Pruritus score questionnaire	…	…	After treatment ($P < .001$), Three months later ($P < .001$)	Decreased pruritus in case group ($P < .001$) at posttreatment and 3 months later

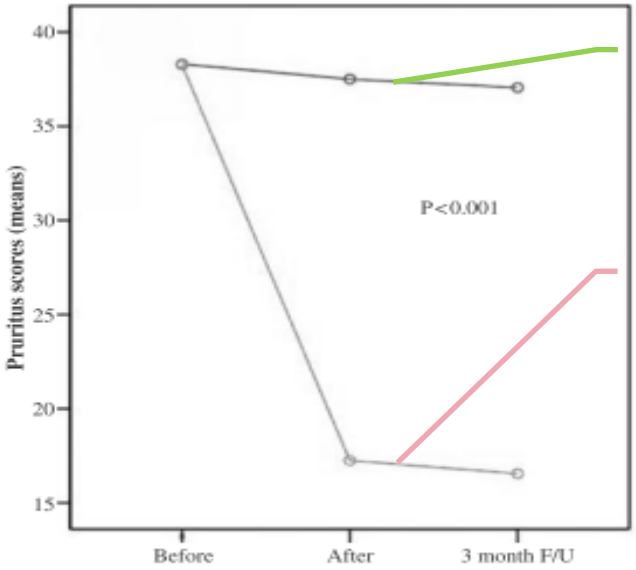


Fig. 2. The plot of mean pruritus scores before and after acupuncture and at the 3 month follow-up in groups 1 and 2.

Group2
控制組

Group1
針灸組

($P = .004$)

Table 2. Pruritus scores of the 40 patients before and after acupuncture and at the 3 month follow-up

	Before	After	At 3 months
Group 1 ($n = 20$)	38.2 ± 4.8	17.3 ± 5.5	16.5 ± 4.9
Group 2 ($n = 20$)	38.5 ± 3.2	37.5 ± 3.2	36.5 ± 4.6

Values are expressed as mean ± SD.

結論:曲池穴（LI11）針灸是一種簡單、安全，並能有效緩解尿毒症瘙癢

步驟 2：系統性文獻回顧的品質如何？(FAITH)

Table 1. Characteristics of Published Clinical Trials Included in Systematic Review

Study	Publication Year	Design	Sample size		Mean Age, y		Intervention Regime Case	Intervention Regime Control	Follow-up, mo	Concomitant Treatment Used for Both Groups	Jaded Score
			Case	Control	Case	Control					
Akca et al[5]	2013	Nonrandomized clinical trial	38	40	47.5	44.5	Transcutaneous electrical nerve stimulation, acupressure apparatus, 3 times weekly for 6 week	None	1.5	Antihistaminic tablets	1

Effect of Acupressure on Patients in Turkey Receiving Hemodialysis Treatment for Uremic Pruritus (2013)

IG:使用經皮神經電刺激（TENS）針灸設備，於4個針灸點施予微弱電流刺激，每週3次、持續6週，共18次

CG:沒有任何治療

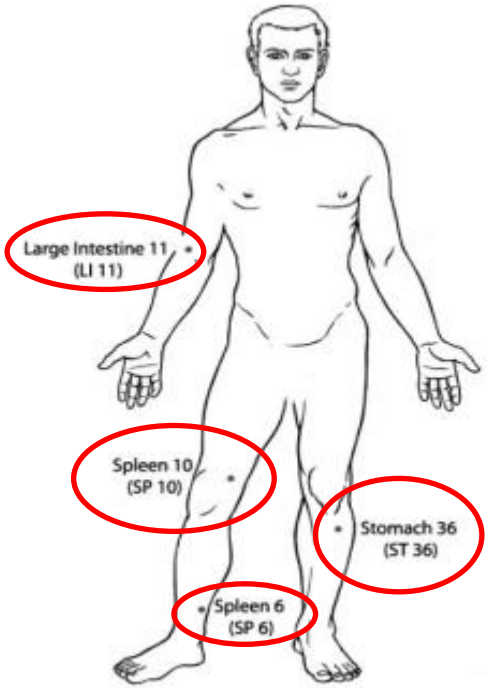


Table 2. Outcomes of Clinical Trials

Study	Publication Year	Assessment Tool	Mean Visual Analogue Scale Score		Intergroup Results	Within Group Results
Effect of Acupressure on Patients in Turkey Receiving Hemodialysis Treatment for Uremic Pruritus	**2013**					
Akca et al[9]	2013	Visual Analogue Scale and a pruritus score	2.66 ± 1.96	4.98 ± 1.69	Significant different between case group and control group in visual analogue scale scores at 18 weeks ($P < .001$)	Significant decrease in visual analogue scale and pruritus scores of both case and control groups at 18 weeks ($P < .001$)

搔癢程度在第六週顯著下降，且在第12、18週顯示穩定下降的趨勢

VAS and Pruritus Scores of the Individuals in the Intervention and Control Groups at

		Follow-up Wk			Test		
Severity of Pruritus	Mean ± SD (Median)	Wk 6 (First follow-up) Mean ± SD (Median)	Wk 12 (Second follow-up) Mean ± SD (Median)	Wk 18 (Third follow-up) Mean ± SD (Median)	Friedman	*P* Value	Wilcoxon Rank-Sum Test With Bonferroni's Correction
VAS							
IG (n = 38)	7.58 ± 1.57 (8.0)	2.00 ± 1.36 (2.0)	2.21 ± 1.82 (2.0)	2.66 ± 1.96 (3.0)	75.128 (SD = 3)	<.001	a > b,c,d
CG (n = 40)	6.78 ± 1.46 (6.0)	5.68 ± 1.37 (6.0)	1.65 ± 1.85 (0.5)	4.98 ± 1.69 (5.0)	73.508 (SD = 3)	<.001	a > b,c,d c < b,d
Test Value	$t^1 = 2.344$	$U^2 = 41.500$	$U = 621.500$	$U = 291.000$			
P Value	.22	<.001	.154	<.001			
Pruritus Score							
IG (n = 38)	23.58 ± 10.59 (22.0)	4.79 ± 4.63 (3.0)	4.37 ± 3.65 (4.0)	5.42 ± 4.44 (4.0)	79.369 (SD = 3)	<.001	a > b,c,d
CG (n = 40)	20.23 ± 10.86 (17.5)	13.08 ± 7.13 (12.0)	3.83 ± 4.40 (2.0)	14.25 ± 7.42 (13.0)	71.137 (SD = 3)	<.001	a > b,c,d c < b,d
Test Value	$U = 612.500$	$U = 192.000$	$U = 613.500$	$U = 225.500$			
P Value	.139	<.001	.104	<.001			

Abbreviations: a = pruritus score of wk 1; b = pruritus score of wk 6; c = pruritus score of wk 12; d = pruritus score of wk 16; *t* = *t* test; *U* = Mann-Whitney *U* test.

結論:經皮神經電刺激（TENS）可有效降低尿毒症搔癢症的頻率和嚴重程度

步驟 2：系統性文獻回顧的品質如何？(FAITH)

Table 1. Characteristics of Published Clinical Trials Included in Systematic Review

Study	Publication Year	Design	Sample size		Mean Age, y		Intervention Regime Case	Intervention Regime Control	Follow-up, mo	Concomitant Treatment Used for Both Groups	Jaded Score
			Case	Control	Case	Control					
Yan et al[9]	2015	Randomized clinical trial	32	30	54.00	56.63	Auricular acupressure treatment, 3 times a week for 6 weeks	None	1.5	Routine medications	2

Effect of Auricular Acupressure on Uremic Pruritus in Patients Receiving Hemodialysis Treatment: A Randomized Controlled Trial (2015)

IG:耳穴貼壓於六個耳穴a:腎臟（CO10），b:肺（CO14），c:心臟（CO15），d:神門（TF4），e:內分泌（CO18），f:皮質下（AT4），每個耳朵點施加壓力1-2分鐘。每週三次，持續六週。

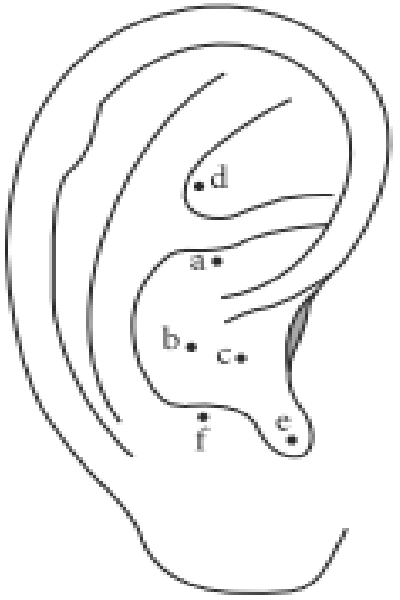
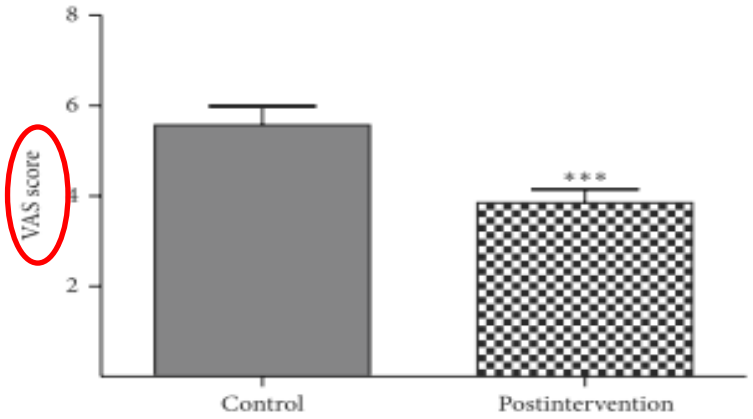


Table 2. Outcomes of Clinical Trials

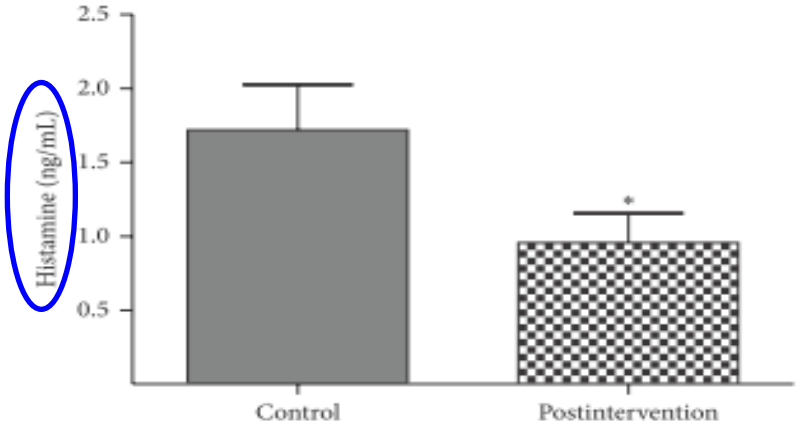
Study	Publication Year	Assessment Tool	Mean Visual Analogue Scale Score		Intergroup Results	Within Group Results
			Case	Control		

結論:耳穴貼壓法可有效降低尿毒症搔癢症的頻率和嚴重程度

Yan et al[9]	2015	Visual Analogue Scale	3.844 ± 1.687	5.567 ± 2.285	Significant difference in mean visual analogue scale scores between the acupressure and control ($P < .001$)	Significant decrease in visual analogue scale and pruritus scores of both case and control groups at 18 weeks in their follow-up assessment



實施六週後，耳穴貼壓組的VAS分數下降（P <0.001）



耳穴貼壓實施六週後，**血清組織胺**的變化與對照組相比。下降幅度明顯高於對照組(P <0.05)。

LI-11曲池穴位

Figure 2. LI-11 Acupoint

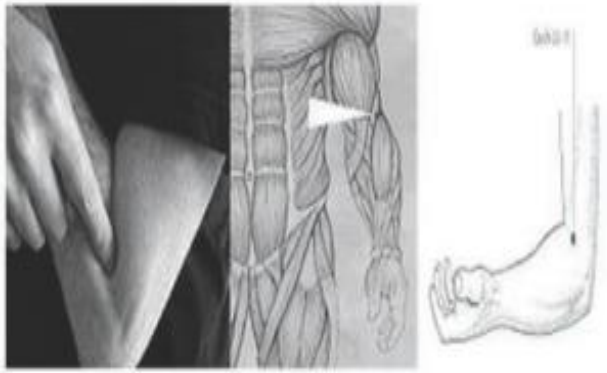


Figure 1. Diagram of Participant Flow

Abbreviations: TEAS, transcutaneous electrical acupoint stimulation; CG, control group.

Acupressure and Transcutaneous Electrical Acupoint Stimulation for Improving Uremic Pruritus: A Randomized, Controlled Trial (2016)

Akca et al[1]	2016	Randomized clinical trial	24	25	48.08	45.84	Transcutaneous electrical acupoint stimulation, 3 times per week	Normal clinical treatment	1	Antihistaminic tablets	2
Akca et al[1]	2016	Randomized clinical trial	25	25	55.24	45.84	Acupressure, 3 times per week	Normal clinical treatment	1	Antihistaminic tablets	2

步驟 2：系統性文獻回顧的品質如何？(FAITH)

Table 3. Distribution of the Averages of the Pre- and PostinterventionVAS scores for Patients in the Intervention Groups and the Control Group

	Groups			Test
VAS Score	Acupressure (n = 25) Mean ± SD	TEAS (n = 24) Mean ± SD	Control (n = 25) Mean ± SD	F[a] (P value)
Preintervention pruritus VAS	6.84 ± 1.70	7.37 ± 1.31	6.92 ± 1.41	0.918 (>.05)
Postintervention pruritus VAS	3.36 ± 2.37	3.12 ± 2.15	5.08 ± 1.55	6.672 (<.05)
Test value[b] (P value)	t = 5.346 (<.001)	t = 7.936 (<.001)	t = 3.942 (<.05)	

[a]One-way ANOVA.
[b]Paired sample *t* test.

Abbreviations: VAS, visual analogue scale; TEAS, transcutaneous electrical acupoint stimulation; SD, standard deviation; ANOVA, analysis of variance.

acupressure group, 36.0% (n = 9) presented with severe pruritus, and 60.0% (n = 15) had general pruritus (ie, all over the body). On the day that the hemodialysis sessions ended, 32.0% (n = 8) of the group had the condition with the duration of the pruritus after the end of treatment being 5.24 ± 2.35 days.

Of the patients in the TEAS group, 54.2% (n = 13) had severe pruritus, and 62.5% (n = 15) had general pruritus (ie, all over the body). On the day that the hemodialysis sessions ended, 29.2% (n = 7) had the condition, which lasted for 4.67 ± 2.28 days.

Of the patients in the control group, 44.0% (n = 11) had severe pruritus, and 52.0% (n = 13) had general pruritus (ie, all over the body). On the day that the hemodialysis session ended, 16.0 % had the condition, which lasted for

Table 4. Distribution of the Mean Differences Between the Pre- and Postintervention VAS Scores for Patients in the Intervention Groups and the Control Group

VAS Score	Mean Difference	P Value[a]
Acupressure vs TEAS VAS	0.23	1.000
Acupressure vs Control VAS	-1.72	.013
TEAS vs Control VAS	-1.95	.004

[a]Bonferroni test.

Abbreviations: VAS, visual analogue scale; TEAS, transcutaneous electrical acupoint stimulation.

結論：穴位按壓和TEAS用於治療血液透析病人之尿毒症瘙癢症均有效

Akca et al[1]	2016	Visual Analogue Scale	3.12 ± 2.15	5.08 ± 1.55	Transcutaneous electrical acupoint stimulation group versus control group (P = .01)	Transcutaneous electrical acupoint stimulation group had significant reductions from baseline to posttreatment in their levels of discomfort from uremic pruritus (P < .001) compared with control group (P < .05)
Akca et al[1]	2016	VAS scores	3.36 ±2.37	5.08 ± 1.55	Acupressure group versus control group (P = .004)	Significant reductions from baseline to posttreatment in levels of discomfort from uremic pruritus of acupressure group (P < .001) compared with control group (P < .05)

步驟 2：系統性文獻回顧的品質如何？(FAITH)

- A－文獻是否經過嚴格評讀（Appraisal）？

Table 1. Characteristics of Published Clinical Trials Included in Systematic Review

Study	Publication Year	Design	Sample size		Mean Age, y		Intervention Regime Case	Intervention Regime Control	Follow-up, mo	Concomitant Treatment Used for Both Groups	Jaded Score
			Case	Control	Case	Control					
Duo[7]	1987	Cross-over clinical trial	6	3	50.5	...	Electro acupuncture, 3 times weekly	Superficial electrical stimulation, n = 3	1	Sleeping pills (n = 2)	1
Che-Yi et al[8]	2005	Randomized clinical trial	20	20	62.4	63.2	Acupuncture, 1 hour 3 times weekly for 4 weeks	Sham acupuncture (penetrating, no acupuncture point)	3	Antihistamines and phosphate binders	2
Akca et al[5]	2013	Nonrandomized clinical trial	38	40	47.5	44.5	Transcutaneous electrical nerve stimulation, acupressure apparatus, 3 times weekly for 6 week	None	1.5	Antihistaminic tablets	1
Yan et al[6]	2015	Randomized clinical trial	32	30	54.00	56.63	Auricular acupressure treatment, 3 times a week for 6 weeks	None	1.5	Routine medications	2
Akca et al[1]	2016	Randomized clinical trial	24	25	48.08	45.84	Transcutaneous electrical acupoint stimulation, 3 times per week	Normal clinical treatment	1	Antihistaminic tablets	2
Akca et al[1]	2016	Randomized clinical trial	25	25	55.24	45.84	Acupressure, 3 times per week	Normal clinical treatment	1	Antihistaminic tablets	2

共納入**5**篇文章（包括**6**項試驗）

評讀結果：■是 □否 □不清楚

步驟 2：系統性文獻回顧的品質如何？(FAITH)

I－是否只納入（Included）具良好效度的文章？

僅進行文獻判讀是不足夠，系統性文獻回顧只納入至少要有一項研究結果是極小偏誤的試驗。

在文章的方法章節，可以找到文章評估的方式，以及是由誰完成評估的，在結果章節則會提供審查者意見一致性的程度。

Data Extraction and Quality Assessment

Two independent reviewers extracted data from the articles according to the selection criteria. Disagreements were resolved by discussion between the two reviewers considering the opinion of a 3rd reviewer. The quality of randomized controlled

Quantitative Data Synthesis and Data Analysis

We extracted data and then used comprehensive meta-analysis to pool them for summary estimates. To facilitate studying the outcomes, we divided them into 2 types of intergroup and within group outcomes. For intergroup outcomes, we compared pruritus grade between the cases and the controls, and for the within group outcomes, we compared outcomes in the cases or the controls with their baselines.

We expressed the results for continuous outcomes as weighted mean difference, with 95% confidence intervals. We checked heterogeneity among our studies by the chi-square-based Cochran Q and the I^2 statistics to measure the proportion of total variation due to heterogeneity beyond chance. If I^2 was greater than 50%, heterogeneity was considered significant and data was analyzed using a random effect model. Otherwise, the fixed-effects model was applied as the preferred method. We used fixed effects model in this study, and a P value less than .05 was considered significant.

評讀結果：■是 □否 □不清楚

步驟 2：系統性文獻回顧的品質如何？(FAITH)

T—作者是否以表格和圖表「總結」（Total up）試驗結果？

應該用至少 1 個摘要表格呈現所納入的試驗結果。若結果相近，可針對結果進行統合分析(meta-analysis)，並以「森林圖」(forest plot)呈現研究結果，最好再加上異質性分析

Table 2. Outcomes of Clinical Trials

Study	Publication Year	Assessment Tool	Mean Visual Analogue Scale Score		Intergroup Results	Within Group Results
			Case	Control		
Duo[7]	1987	Pruritic score scale	...	...	...	Decreased pruritic scores and increased sleeping hours (6 of 6)
Che-Yi et al[8]	2005	Pruritus score questionnaire	...	...	After treatment ($P < .001$), Three months later ($P < .001$)	Decreased pruritus in case group ($P < .001$) at posttreatment and 3 months later
Akca et al[3]	2013	Visual Analogue Scale and a pruritus score	2.66 ± 1.96	4.98 ± 1.69	Significant different between case group and control group in visual analogue scale scores at 18 weeks ($P < .001$)	Significant decrease in visual analogue scale and pruritus scores of both case and control groups at 18 weeks ($P < .001$)
Yan et al[9]	2015	Visual Analogue Scale	3.844 ± 1.687	5.567 ± 2.285	Significant difference in mean visual analogue scale scores between the acupressure and control ($P < .001$)	Significant decrease in visual analogue scale and pruritus scores of both case and control groups at 18 weeks in their follow-up assessment
Akca et al[3]	2016	Visual Analogue Scale	3.12 ± 2.15	5.08 ± 1.55	Transcutaneous electrical acupoint stimulation group versus control group ($P = .01$)	Transcutaneous electrical acupoint stimulation group had significant reductions from baseline to posttreatment in their levels of discomfort from uremic pruritus ($P < .001$) compared with control group ($P < .05$)
Akca et al[3]	2016	VAS scores	3.36 ±2.37	5.08 ± 1.55	Acupressure group versus control group ($P = .004$)	Significant reductions from baseline to posttreatment in levels of discomfort from uremic pruritus of acupressure group ($P < .001$) compared with control group ($P < .05$)

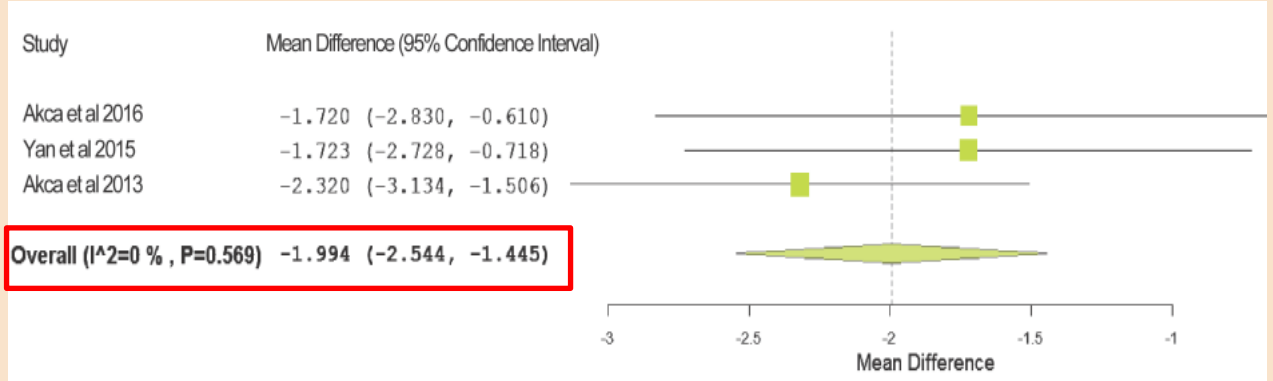


Figure 2. Forest plot of studies reporting changes in visual analogue scale scores for pruritus following treatment with acupuncture.

評讀結果：■是□否 □不清楚

步驟 2：系統性文獻回顧的品質如何？(FAITH)

H－試驗的結果是否相近－異質性（Heterogeneity ）？

在理想情況下，各個試驗的結果應相近或具同質性，若具有異質性，作者應評估差異是否顯著(卡方檢定)。根據每篇個別研究中不同的PICO及研究方法，探討造成異質性的原因。
在文章的結果章節，可以找到研究結果是否具異質性，及造成異質性可能的原因探討。森林圖中可以找到異質性的卡方檢定結果。

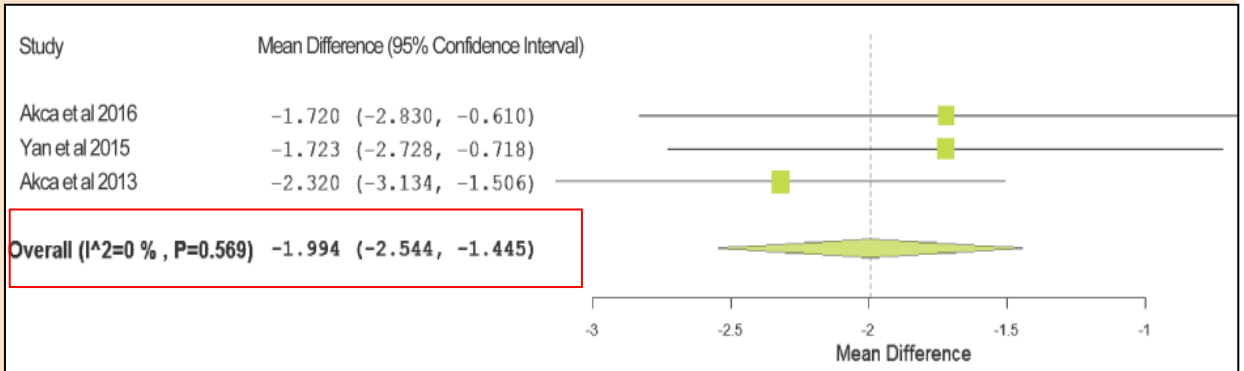


Figure 2. Forest plot of studies reporting changes in visual analogue scale scores for pruritus following treatment with acupuncture.

Due to disparity in assessing tools and type of interventions, only 3 of the selected articles included in the meta-analysis. We combined the VAS score results of 3 studies,[1,5,9] and as illustrated in Figure 2, we calculated low heterogeneity. We therefore used a fixed effect model for our study. The final mean difference was significant (mean different, -1.994; 95% confidence interval, -2.544 to -1.445).

評讀結果：■是 □否 □不清楚

結果為何？

使用何種評估方式，療效有多大（ 是否來自隨機效果 ）？

結論:

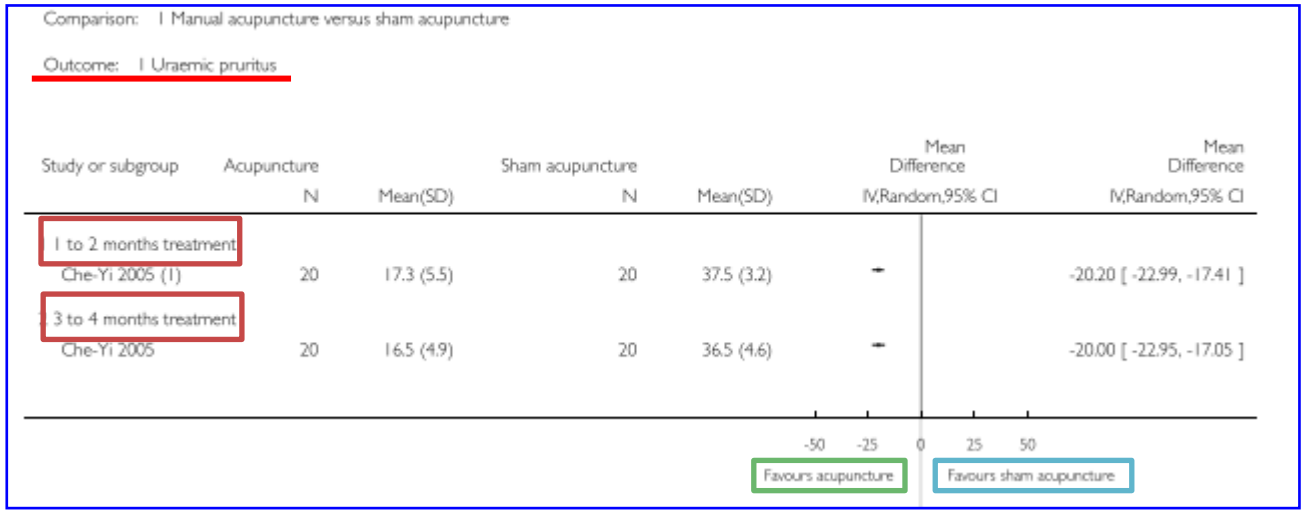
本篇所納入之研究結果均顯示針灸及穴位按壓治療能有效降低尿毒症之搔癢。作者認為大多數納入的文獻存在較高風險的偏差，證據不足，建議仍需要進一步的研究。

Acupuncture and related interventions for symptoms of chronic kidney disease（Review）2016

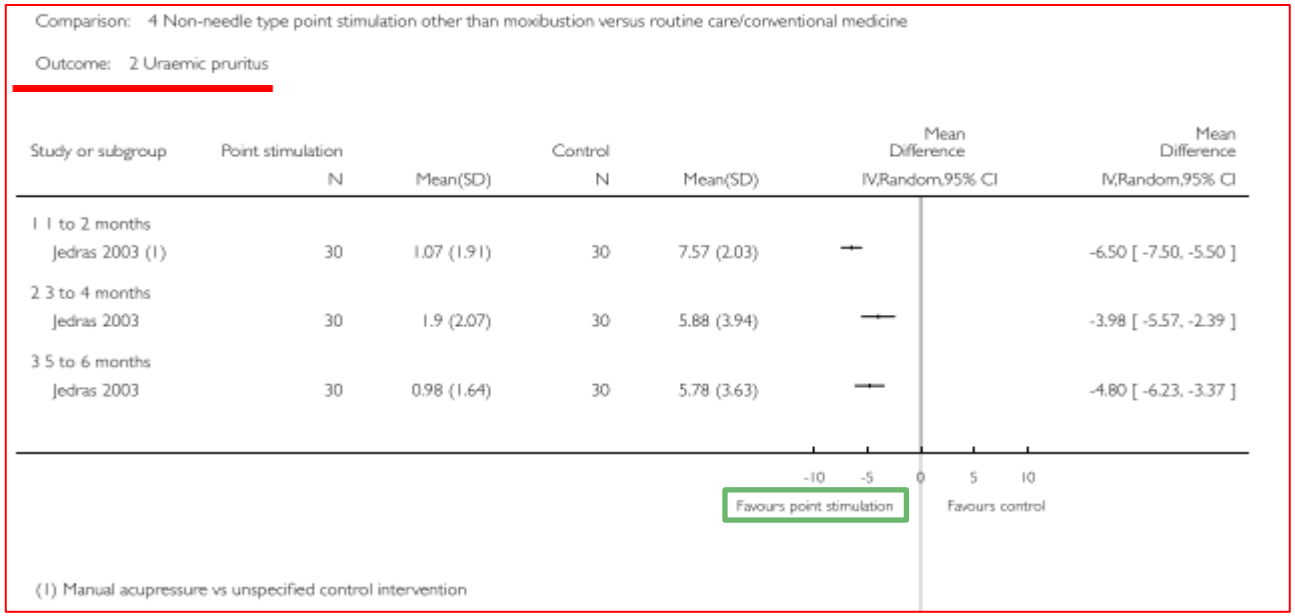
- 背景:慢性腎病病人會出現各種身體和心理症狀。針灸被廣泛用於治療慢性病患者的常見症狀，如疼痛、疲勞、憂鬱情緒、睡眠障礙。
- 納入了24項研究，共1787名參與者。對象:CKD 3~5期、HD&PD病人。
- 結果:對於接受常規血液透析的患者，以手法穴位按摩作為疲勞、抑鬱、睡眠障礙和尿毒症瘙癢的輔助措施的短期效果證據非常少。

Acupuncture and related interventions for symptoms of chronic kidney disease（Review）2016

補充資料



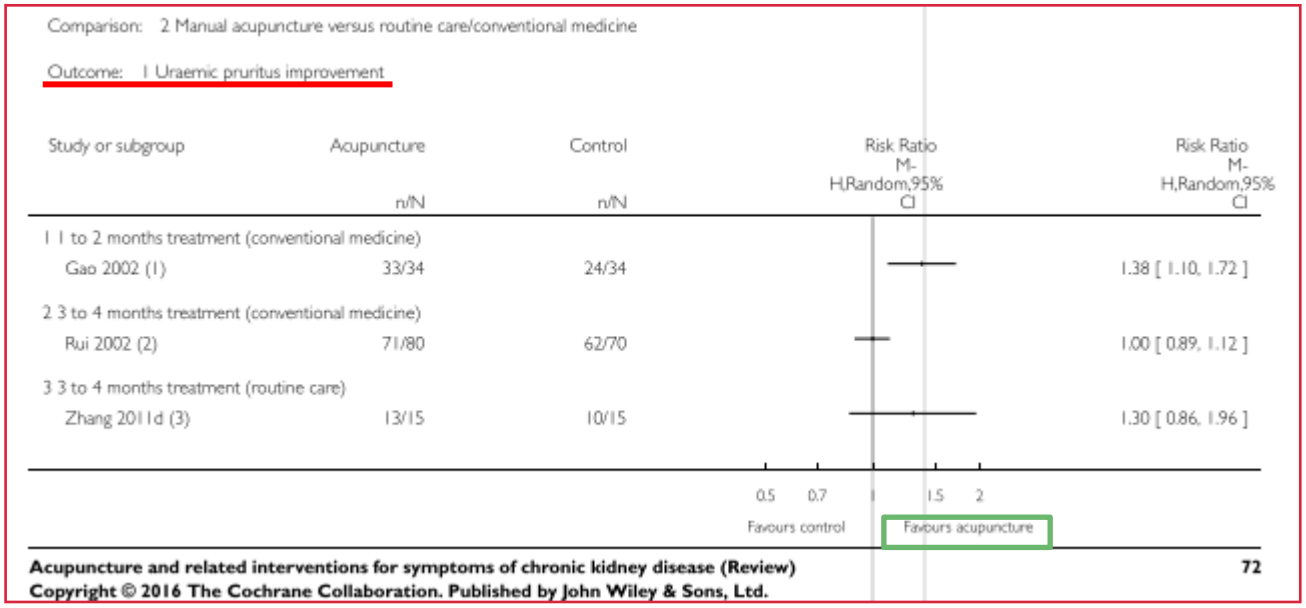
Che-Yi 2005:
針灸顯著改善尿毒症瘙癢



Jedras 2003:
穴位按摩對尿毒症瘙癢症顯著改善

補充資料

Acupuncture and related interventions for symptoms of chronic kidney disease（Review）2016



Gao 2002:針灸優於第一代口服抗組胺藥和局部瘙癢的藥膏

Rui 2002:針灸效果與口服藥效果類似

Zhang 2011:針灸結合透析，尿毒症瘙癢無明顯改善

總結:針灸對尿毒症搔癢症的緩解是不顯著的。針灸相關傷害缺乏完整的報告以致無法評估針灸及相關介入措施的安全性。

針灸和穴位按壓能有效降低尿毒症病人皮膚搔癢的程度嗎

綠(同意):16人

黃(需討論):22人

紅(不同意):0人