



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

耳穴按摩能否改善 癌症患者化療後的噁心嘔吐？

8B 病房

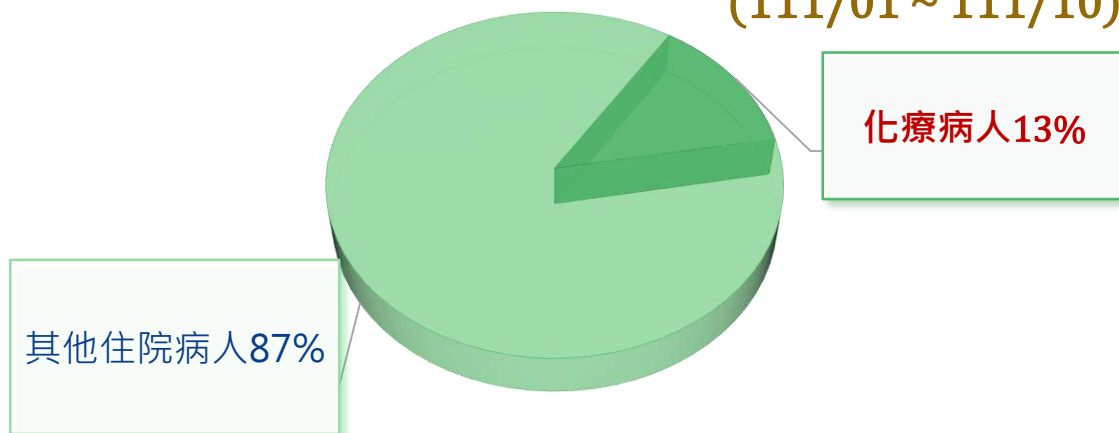
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護理長：林怡君

報告日期：111/11/15

背景問題

8B病房入院接受化療人數比率
(111/01 ~ 111/10)



- 8B日康病房收治短期住院的外科病人以及包括乳癌、膀胱癌、大腸癌接受化學藥物治療的癌症病人。
- 化療引起的噁心和嘔吐(Chemotherapy-induced nausea and vomiting, CINV)，被癌症病人認為是化療對於生活品質影響最大的不良反應，對接受化療藥品治療的病人提供 CINV 預防性治療已為標準照護流程。
- 雖然化療前醫師會給予預防性止吐藥物，然而臨床上仍可見，化療後仍引起噁心和嘔吐不適的反應，最讓病人感到無力。



簡介-嘔吐反射



- 嘔吐的過程分成三個階段：噁心、反胃、嘔吐

- **噁心**是指一種不舒服的感覺，同時伴有出冷汗、蒼白、流口水和反覆的吞嚥動作。通常是在喉嚨背側及上腹部感覺到不舒服，伴隨著胃張力消失，十二指腸收縮及腸內容物反流至胃。
- **反胃**常隨著噁心，包括費力的呼吸動作和關閉賁門，腹肌、胸壁和橫隔膜的收縮，此時還未排出胃內容物，而是產生一壓力差，引導嘔吐。
- **嘔吐**是腹肌、胸壁肌肉的強力收縮，伴隨橫隔膜下降和打開胃的賁門，這是一個不能自主控制的反射動作，使之持續而強力的將胃內容物由食道排出體。



簡介-化學治療所引起的噁心嘔吐

(Chemotherapy Induced Nausea and Vomiting , CINV)

急性嘔吐	延遲性嘔吐	預期性嘔吐
✓ 化療開始的24小時內發生 ✓ 大部分病人接受化療發生嚴重的嘔吐都在這段時間	✓ 化療24小時以後發生 ✓ 可能持續長達7天 ✓ 發生的頻率和急性嘔吐的控制情形有關	✓ 化療開始前的數天或數小時發生 ✓ 可能因之前的不良經驗，而預期會有噁心嘔吐發生

- **中樞系統**：致吐性化學物質釋放後，經由腦脊髓液或血液傳遞到化學接受觸發(chemoreceptor trigger zone，CTZ)或直接刺激嘔吐中心(Vomiting Center，VC)，經由神經的認知傳導，引起想要嘔吐的感覺。
- **週邊機轉**：胃腸黏膜受到破壞後，刺激神經傳導接受器（尤其是血清素接受器）而釋放出神經傳導物質，後經由迷走神經和交感神經傳遞到嘔吐中樞。
- **大腦皮質機轉**：大腦皮質主要功能是記憶作用。如果病患曾經有嘔吐的不良經驗，在相同的情況下，大腦記憶觸發起情緒和刺激嘔吐中樞引致嘔吐。

簡介-收治科別常用之化療藥物

一般外科

- Cisplatin
(Cisplatin/西伯拉丁)
- Carboplatin
(Kemocarb/爾定康)
- Cyclophosphamide
(Endoxan/癌得星)
- Docetaxel
(Tynen/鈦能)
- Doxorubicin liposome
(Lipo-dox/力得微脂體)
- Epirubicin
(Epicin/益彼欣)
- Fluorouracil
(5-FU/好復)
- Gemcitabine
(Gemmis/健仕)

大腸直腸科

- Fluorouracil
(5-FU/好復)
- Irinotecan
(Irino/益立諾)
- Oxaliplatin
(Oxalip/歐力普)

泌尿科

- Cisplatin
(Cisplatin/西伯拉丁)
- Docetaxel
(Tynen/鈦能)
- Gemcitabine
(Gemmis/健仕)
- Mitomycin
(Mitonco/克癌)

簡介-化療藥物致吐性分級

高致吐性 (發生率90%以上)	中高致吐性 (發生率60% ~ 90%)	中致吐性 (發生率30% ~ 60%)	低致吐性 (發生率10%以下)
• Cisplatin ($>50\text{mg}/\text{m}^2$) • Carmustine ($>250\text{mg}/\text{m}^2$) • Cyclophosphamide ($>1.5\text{g}/\text{m}^2$) • Dacarbazine ($>500\text{mg}/\text{m}^2$) • Cytarabine ($\geq 2\text{g}/\text{m}^2$)	• Cisplatin ($<50\text{mg}/\text{m}^2$) • Carboplatin ($\text{AUC} \geq 5$) • Carmustine ($<250\text{mg}/\text{m}^2$) • Cyclophosphamide ($750 \sim 1500\text{mg}/\text{m}^2$) • Doxorubicin ($>60\text{mg}/\text{m}^2$) • Epirubicin ($>90\text{mg}/\text{m}^2$) • Oxaliplatin • Methotrexate ($>1\text{g}/\text{m}^2$) • Cytarabine ($1 \sim 2\text{g}/\text{m}^2$)	• Cetuximab • Cytarabine ($100 \sim 200\text{mg}/\text{m}^2$) • Methotrexate ($50 \sim 250\text{mg}/\text{m}^2$) • Docetaxel • Fluorouracil • Gemcitabine • Doxorubicin ($<20\text{mg}/\text{m}^2$) • Paclitaxel • Trastuzumab • Mitomycin	• Bleomycin • Bevacizumab • Vinblastine • Vincristine • Vinorelbine



簡介-化療前置給予之止吐藥



Otril



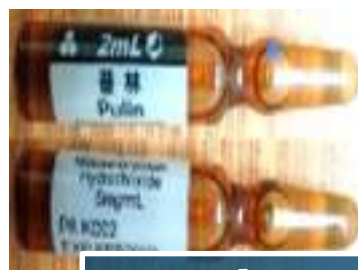
Okmllon



Akynzeo



Emend



Pulin



Dexamethasone



Novamin

高致吐性化療預防惡心嘔吐建議

The New England Journal of Medicine

指引	急性期	延遲期
MASCC-ESMO	5HT3拮抗劑 + 類固醇 + NK1拮抗劑	類固醇 + NK1拮抗劑
ASCO	5HT3拮抗劑 + 類固醇 + NK1拮抗劑 或 NEPA + 類固醇	類固醇 + NK1拮抗劑 或 類固醇
NCCN	5HT3拮抗劑 + 類固醇 + NK1拮抗劑 或 NEPA + 類固醇 或 Olanzapine + Palonosetron + 類固醇	類固醇 + NK1拮抗劑 或 類固醇

ESMO = European Society for Medical Oncology



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簡介- 衛教單張

噁心嘔吐

* 發生原因

噁心嘔吐發生原因與個人體質、情緒、化療藥物種類、放射線治療或癌症疾病本身等都有相關。有些化療藥物會刺激延腦的嘔吐中樞，而引起噁心嘔吐的反應。

* 可能症狀

症狀可能會出現在化學治療後的 1-4 天內。噁心包括上腹部不適、反胃、有想吐的感覺；強烈的噁心感常會導致嘔吐，胃中的食物或液體在腹部肌肉的強力收縮之下，通過食道吐出來。可能會伴隨虛弱無力、冒冷汗及口水大量分泌等症狀，嘔吐後口腔會散發臭味。

* 預防方法

1. 化學治療前及完成化學治療後，醫師會給予適當的止吐藥物，返家後請規則性的服用止吐藥物 3-4 天。
2. 嘗試清淡（避免太甜膩、油炸、辛辣的食物）、易消化的食物減少腸胃不適。
3. 化學治療前（2-3 小時）不要吃太多東西；化學治療完成後，可間隔一小時再進食少量食物，採取少量多餐（一天 5-6 餐）的方式，細嚼慢嚥。
4. 吃完飯後不要馬上躺下或過度活動。

5. 可以攝取一些冰涼的酸性飲料（如檸檬汁、柳橙汁），及低溫食物。
6. 遠離有強烈氣味的食物和飲料。
7. 避免在通風不良、較高溫或有油煙的環境下進食。
8. 盡量使自己放鬆，可利用聽音樂、看書、閱讀、睡覺等方法轉移注意力。

* 症狀處理方法

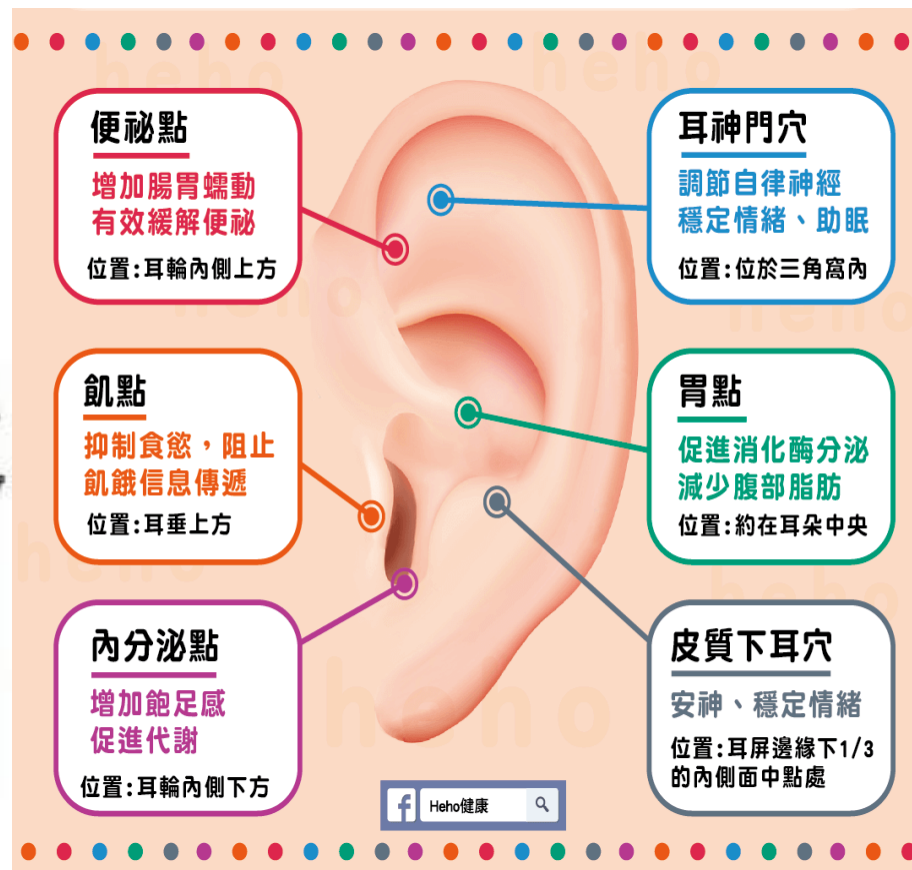
1. 覺得噁心時，試著以深呼吸來緩解。
2. 嘔吐後可用清水漱口，清潔口腔消除異味，避免再次嘔吐。
3. 若您躺臥時發生症狀，宜將頭側向一側，以防吸入嘔吐物。
4. 在飲食方面，暫時禁食 4-6 小時，等噁心感消除時喝少量溫開水；無嘔吐時，可喝流質液體，例如以水稀釋的運動飲料（1:1）、清湯等；12 小時後，可試著進食溫和的軟質飲食（如稀飯、蘇打餅、白吐司）。
5. 若嘔吐開始發生時，建議每天同一時間測量體重，預防脫水發生。
6. 若嘔吐超過一天、嘔吐物為咖啡渣色或血色、尿液呈深黃色且次數較平時少等情形，建議您告知醫療人員，必要時醫師會給予適當的止吐藥物。

除此之外，我們還能做些甚麼？

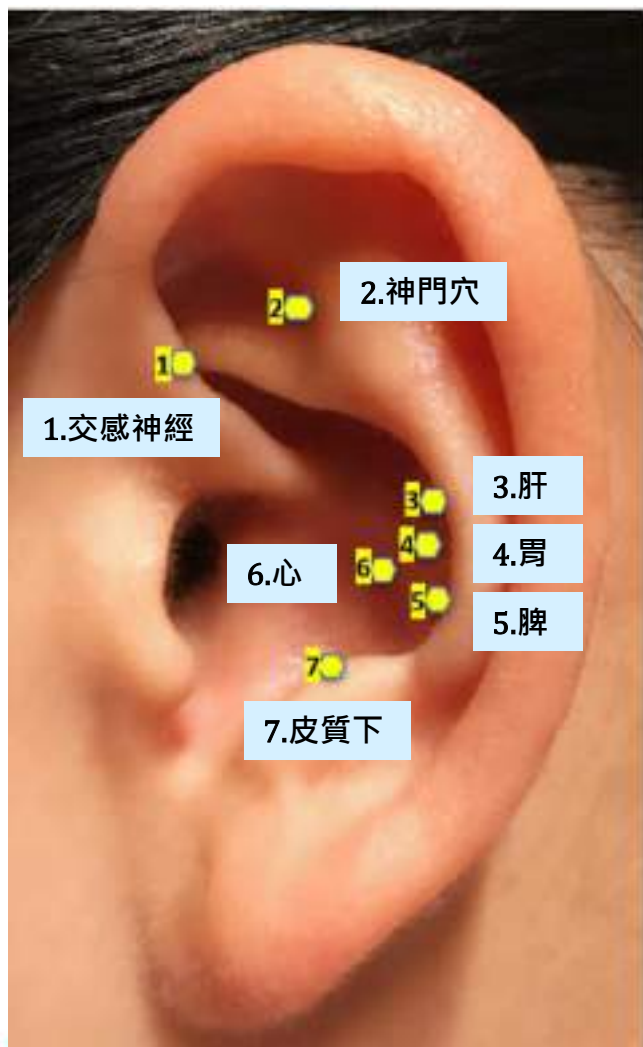


簡介-耳穴按摩

(Auricular Acupressure, AA)



簡介-耳穴按摩



- 耳廓有豐富的神經、血管和淋巴組織分佈，當人體某一臟腑或組織器官有異常或病變時，則通過經絡和神經體液等，反應到耳廓的相應穴位上。
- **常見的三種耳穴按摩法：**
 1. **點按法**：用指尖或是用穴道按摩棒，點按穴點1~2分鐘，以局部有熱脹感為宜。
 2. **掐按法**：用拇指及食指，對準耳後與耳前的穴點進行掐按，力道由輕至重。
 3. **揉按法**：用食指尖或穴道按摩棒對準穴點，以順時針方向揉按，力道由輕至重，以局部有熱脹感為宜。

Volume 2021 | Article ID 8868720 | <https://doi.org/10.1155/2021/8868720>

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Efficacy of Auricular Acupressure in Prevention and Treatment of Chemotherapy-Induced Nausea and Vomiting in Patients with Cancer: A Systematic Review and Meta-Analysis

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Academic Editor: Deborah A. Kennedy

Received
11 Sept 2020

Revised
14 Jun 2021

Accepted
22 Jul 2021

Published
04 Aug 2021



[Journals](#)

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2.650

Impact Factor

Evidence-Based Complementary and Alternative Medicine



文章簡要介紹

Abstract

Background. More than 40% of patients with cancer have reported that chemotherapy-induced nausea and vomiting (CINV) remained the most debilitating side effects of treatment even in the era of new antiemetics. **Objective.** The following databases were searched: PubMed, Cochrane Library, EMBASE, the Web of Science, Chinese Biological Medicine (CBM), Chinese National Knowledge Infrastructure (CNKI), Wanfang, and VIP (from database inception to April 2020). Eligible randomized controlled trials of auricular acupressure in treating CINV were collected, including crossover randomized design study. The meta-analysis was carried out by RevMan software (5.3). **Results.** Totally 19 RCTs with 1449 patients met the inclusion criteria. Compared with control groups, the relief efficiency of overall CINV was enhanced by AA combined with antiemetics ($RR=1.31$, CI 1.22 to 1.41, $pppp$). Auricular acupressure supplementation benefited delayed chemotherapy-induced nausea and vomiting as well as constipation, diarrhea, and tiredness. AA alone or AA supplementation has little effect on acute nausea and acute vomiting. There is no conclusion on whether AA alone is superior to antiemetics in the management of delayed CINV. Further studies are needed to confirm the efficacy of auricular acupressure alone in delayed CINV and anticipatory CINV. The results of this review provided the basis for further research with more rigorous study designs, adequate sample sizes, and standardized implementation to confirm the efficacy of auricular acupressure.

- **背景**：即使使用止吐藥，仍有40%的患者遭受CINV的困擾。
- **方法**：搜尋 8個資料庫中截至2020/04的所有文章，使用 RevMan進行分析。
- **結果**：納入19篇RCT（共1449位參與者）。



TABLE 3: Basic characteristics of inclusion literature.

Reference and year	Country	Study design	Participants	Tumor category	Auricular acupoints	Materials	Interventions	Antiemetics	Outcomes
Lou et al., 2011 [20]	China	Parallel RCT	50	Various cancers	Shenmen, stomach, subcortex, spleen, sympathesis, ear center	Cowherb seeds	AA + antiemetics	Granisetron	(i); (iii); (vi)
Liu et al., 2011 [19]	China	Parallel RCT	127	Lung cancer	Lung, stomach, Shenmen, spleen, diazoma, subcortex, large intestine	Cowherb seeds	AA + antiemetics	Granisetron/ondansetron	(v); (Vi)
Chao et al., 2012 [13]	Taiwan, China	Crossover placebo RCT	10	Na	Shenmen, stomach, cardia, sympathesis, subcortex,	Seeds	AA + antiemetics	Granisetron/ondansetron	(ii); (iv)
Jiang et al., 2012 [21]	China	Parallel RCT	85	Na	Stomach, Shenmen, spleen, sympathesis, large intestine	Cowherb seeds	AA + antiemetics	Granisetron	(iii); (vi)
Hong et al., 2014 [22]	China	Parallel RCT	120	Breast cancer	Stomach, Shenmen, spleen, sympathesis, subcortex	Cowherb seeds	AA	Ondansetron	(i); (iii); (vi)
Li et al., 2014 [24]	China	Parallel RCT	91	Lung cancer	Stomach, Shenmen, sympathesis M: stomach,	Cowherb seeds	AA + antiemetics	Ondansetron + DXM	(v)
Hu et al. 2014 [23]	China	Parallel RCT	70	Various cancers	Shenmen, sympathesis; A: spleen, liver	Cowherb seeds	AA + antiemetics	Tropisetron	(v)
Eghbali et al., 2016 [33]	Iran	Crossover RCT	96	Breast cancer	Point zero, stomach, brainstem, Shenmen, cardia M: Shenmen,	Seeds	AA + standard medications	Standard medications	(ii); (iv)
Peng et al., 2016 [16]	China	Parallel RCT	52	Cervical/endometrial/ovarian cancer	diazoma, stomach, cardia, occiput, subcortex, esophagus; A: sympathesis, spleen, liver M: stomach,	Cowherb seeds	AA + antiemetics	Ondansetron + DXM	(i); (iii); (iv); (vi)
Wei et al., 2016 [25]	China	Parallel RCT	90	Na	Shenmen, spleen; A: liver Shenmen,	Cowherb seeds	AA + antiemetics	Azasetron	(v)
Guo et al., 2017 [26]	China	Parallel RCT	64	Gastric cancer	sympathesis, stomach, large intestine, small intestine, Ashi point	Cowherb seeds	AA + antiemetics	Granisetron	(v)

TABLE 3: Continued.

Reference and year	Country	Study design	Participants	Tumor category	Auricular acupoints	Materials	Interventions	Antiemetics	Outcomes
Liu, 2017 [17]	China	Parallel RCT	70	Cervical/endometrial/ovarian cancer	Stomach, liver, small intestine, Shenmen, endocrine	Cowherb seeds	AA	Ondansetron	(i); (iii); (iv); (vi)
Wang et al., 2017 [27]	China	Parallel RCT	52	Bone cancer	Stomach, subcortex, ear center, Shenmen, spleen, sympathesis M: stomach, cardia, subcortex A: liver, sympathesis M: stomach,	Cowherb seeds	AA + antiemetics	Ondansetron	(ii); (iii); (iv)
Wu et al., 2018 [28]	China	Parallel RCT	86	Lung cancer	Shenmen, subcortex, sympathesis; A: liver, spleen	Cowherb seeds	AA + antiemetics	Ondansetron	(iii)
Yang, 2018 [18]	China	Parallel RCT	67	Breast cancer	Sympathesis, Shenmen, spleen, stomach	Cowherb seeds	AA + antiemetics	Ondansetron	(i) (iii) (v)
Chen et al., 2019 [29]	China	Parallel RCT	89	Colorectal cancer	Stomach, ear center, sympathesis, spleen, Shenmen, subcortex	Cowherb seeds	AA + antiemetics	Azasetron + DXM	(v)
Nan et al., 2019 [30]	China	Parallel RCT	60	Bone cancer	Shenmen, stomach, spleen	Cowherb seeds	AA + antiemetics	Ondansetron	(iii); (v)
Wen et al., 2019 [31]	China	Parallel RCT	100	Various cancers	Shenmen, sympathesis, stomach, subcortex, spleen	Cowherb seeds	AA + antiemetics	Azasetron	(v)
Wang et al., 2020 [32]	China	Parallel RCT	80	Cervical cancer		Cowherb seeds	AA + antiemetics	Ondansetron	(v)

RCT: randomized controlled trial; Na: not available; M: main points; A: adjunct points; AA: auricular Acupressure; DXM: dexamethasone. Outcomes: (i) nausea relief efficiency; (ii) nausea frequency; (iii) vomiting relief efficiency; (iv) vomiting frequency; (v) overall efficiency of CINV; and (vi) incidence of adverse reactions.

文章簡要介紹

- 穴位選擇：文中共提到了**19個穴位**來控制CINV。
- 依文章中使用之穴位，**前六名**依次為：
 - 胃（100%）
 - 神門（94.74%）
 - 交感（73.68%）
 - 脾（63.16%）
 - 皮質下（52.63%）
 - 肝（31.58%）



Appraisal sheets(FAITH)

□ Appraisal Tool

[統合分析 Meta-analysis]

□ 步驟 1：研究探討的問題為何 (PICO)

□ 步驟 2：研究的品質如何 (內在效度)

□ 步驟 3：研究結果之意義為何 (效益)



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)：

- Patients receiving cancer chemotherapy.

介入措施 (Intervention)：

- Auricular acupressure.
- Auricular acupressure combined with antiemetics.

比較 (Comparison)：

- Antiemetics.

結果 (Outcomes)：

- Nausea relief efficiency, nausea frequency, vomiting relief efficiency, vomiting frequency, overall efficiency of CINV, and incidence of adverse reactions.

Appraisal sheets(FAITH)

□ Appraisal Tool

□ 步驟 1：研究探討的問題為何 (PICO)

□ 步驟 2：研究的品質如何 (內在效度)

□ 步驟 3：研究結果之意義為何 (效益)



FAITH-研究是否找到所有的相關證據？

- 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)**。

2.1. Search Strategy. The following 4 English databases and 4 Chinese databases were searched: PubMed, Cochrane Library, EMBASE, the Web of Science, Chinese Biological Medicine (CBM), Chinese National Knowledge Infrastructure (CNKI), Wanfang, and VIP (from database inception to April 2020).

PICO framework was used to form clinical queries and facilitate the literature search [36] (Table 1). Relevant key-words were identified through a primary search on PubMed and Chinese Biological Medicine (CBM) to build the search strategies.

The specific search strategy was applied to the PubMed database as an example (Table 2). In addition, the snowballing process was used to increase the sensitivity of the search, whereby reference lists of included studies and previous systematic and narrative reviews.



FAITH-研究是否找到所有的相關證據？

- 搜尋資料庫：
 - 4 個英文資料庫：PubMed, Cochrane Library, EMBASE, the Web of Science
 - 4 個中文資料庫：Chinese Biological Medicine (CBM), Chinese National Knowledge Infrastructure (CNKI), Wanfang, and VIP
- 搜尋年限：April 2020以前 (2011~2020)
- 英文或中文

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)。

ID	Search strategy	Result
#1	Search: ("acupuncture, ear"[mesh]) OR ((((((((((acupunctures, ear[title/abstract]) OR (auricular acupuncture[title/abstract]) OR (ear acupuncture[title/abstract]) OR (acupuncture, auricular[title/abstract]) OR (auricular acupressure[title/abstract]) OR (auricular pressing[title/abstract]) OR (auricular plaster[title/abstract]) OR (auricul*[title/abstract]) OR (auricular acupoint*[title/abstract]) OR (auricular point*[title/abstract]) OR (auricular therapy[title/abstract]) OR (ear buried seed[title/abstract])))))))	1,270
#2	Search: ("drug therapy"[mesh]) OR ((((((((((therapy, drug[title/abstract]) OR (drug therapies[title/abstract]) OR (therapies, drug[title/abstract]) OR (chemotherapy*[title/abstract]) OR (pharmacotherapy*[title/abstract]) OR (cancer*[title/abstract]) OR (antineoplastic agents[title/abstract]) OR (drug therap*[title/abstract])))))))	3,340,312
#3	Search (((("vomiting"[mesh]) OR emesis[title/abstract]) OR "nausea"[mesh]))	42,016
#4	#1 AND #2 AND #3	8

評讀結果：

☒ 是

☐ 否

☐ 不確定

FAITH-研究是否找到所有的相關證據？

納入標準

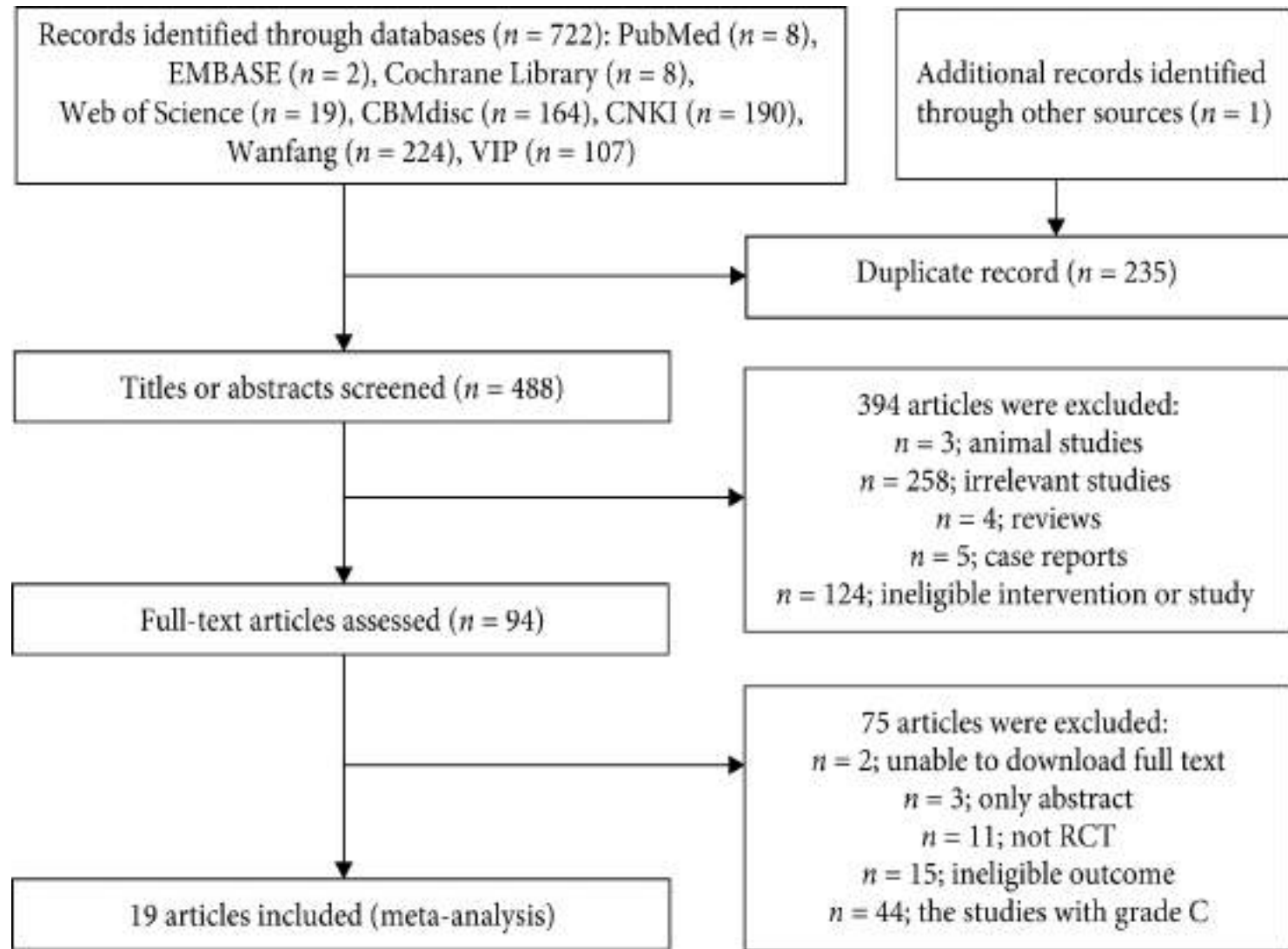
- RCTs (including parallel and crossover)
- Studies published from 2010 to 2020
- in English or Chinese
- any age human participants undergoing chemotherapy for cancer
- intervention of auricular acupressure with or without antiemetic medications
- The materials used to perform the AA must be noninvasive.

排除標準

- Review, animal studies, case reports, and non-RCTs.
- population of interest was receiving any other traditional Chinese medicine(TCM) therapies or radiation therapy.
- failed to offer proper outcomes to extract
- unavailable full text



PRISMA



共723篇論文，分析納入了19項RCT，包含1449名患者



FAITH-文獻是否經過嚴格評讀？

- 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(如針對治療型的臨床問題，選用隨機分配、盲法、及完整追蹤的研究類型)。

評讀結果：

☒ 是

☐ 否

☐ 不確定

2.4. *Assessment of Quality and Risk Bias.* The studies were selected according to inclusion and exclusion criteria. The quality and risk bias of RCTs were assessed by two reviewers (CL and WX) independently, according to the Cochrane Handbook for Systematic Reviews [37]. Discrepancies were resolved by a third reviewer (ZC). Seven domains were assessed: random allocation, allocation concealment, blind methods for subjects, blind methods for researchers, incomplete data, selective reports, and other sources of bias. In this case, other bias was defined as whether a detailed operational method had been introduced in the study due to the characteristics of auricular acupressure. Each domain was graded with “low bias risk,” “unclear,” and “high bias risk.”



FAITH-文獻是否只納入良好效度的文章?

Author	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Yang et al., 2018	+	+	-	+	+	+	+
Wu et al., 2018	+	?	-	-	+	+	+
Wen et al., 2019	+	?	-	-	+	+	+
Wei et al., 2016	+	?	-	-	+	+	+
Wang et al., 2020	+	?	-	-	+	+	+
Wang et al., 2017	+	?	-	-	+	+	+
Peng et al., 2016	+	+	+	-	+	+	+
Nanet et al., 2019	+	?	-	-	+	+	+
Lou et al., 2011	+	?	-	-	+	+	+
Liu Qun et al., 2017	+	+	-	-	+	+	+
Liu et al., 2011	+	?	-	-	+	+	+
Li et al., 2014	+	?	-	-	+	+	+
Jing et al., 2014	+	?	-	-	+	+	+
Hu et al., 2014	+	?	-	-	+	+	+
Hong et al., 2014	+	?	-	-	+	+	+
Guo et al., 2017	+	?	-	-	+	+	+
Eghbali et al., 2016	+	?	-	-	+	+	+
Chen et al., 2019	+	?	-	-	+	+	+
Chao et al., 2012	+	?	+	-	-	+	+

FIGURE 2: Risk of bias summary.

評讀結果：☒是 ☐否 ☐不確定

FAITH-是否以表格和圖表總結試驗結果？

- 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。

評讀結果：■是 ☐否 ☐不確定

FAITH-試驗的結果是否相近-異質性？

- p值 <0.05 認為具有統計學意義。
- 在統計異質性的基礎上，如果卡方檢驗 >0.1 或 $I^2 < 50\%$ ，則選擇固定效應模型。
- 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。

評讀結果：■是 ☐否 ☐不確定

FAITH-是否以表格和圖表總結試驗結果？

TABLE 4: Efficacy of auricular acupressure for nausea and vomiting outcomes.

Outcome	Inclusion of studies	Sample size	Heterogeneity	Analysis model	RR ^a /SMD ^b (95% CI)	p value
<u>Nausea relief efficiency</u>						
Overall nausea relief efficiency	5	358	$I^2 = 3\%$; $p = 0.38^c$	Fixed	1.24 ^a (1.09 to 1.43)	0.002^d
Acute nausea relief efficiency	4	238	$I^2 = 0\%$; $p = 0.40^c$	Fixed	1.08 ^a (0.95 to 1.22)	0.23
Delayed nausea relief efficiency	4	238	$I^2 = 86\%$; $p \leq 0.001$	Random	1.30 ^a (0.92 to 1.84)	0.14
<u>Nausea frequency</u>						
Acute nausea frequency	2	128	$I^2 = 63\%$; $p = 0.10$	Random	-0.18 ^b (-0.77 to 0.41)	0.55
Delayed nausea frequency	3	148	$I^2 = 0\%$; $p = 0.91$	Fixed	-0.68 ^b (-1.01 to -0.35)	<0.001
<u>Vomiting relief efficiency</u>						
Overall vomiting relief efficiency	9	634	$I^2 = 56\%$; $p = 0.02$	Random	1.14 ^a (1.02 to 1.28)	0.02
Acute vomiting relief efficiency	5	323	$I^2 = 0\%$; $p = 0.64^c$	Fixed	1.05 ^a (0.93 to 1.18)	0.44
Delayed vomiting relief efficiency	5	323	$I^2 = 0\%$; $p = 0.51^c$	Fixed	1.11 ^a (1.01 to 1.21)	0.02
<u>Vomiting frequency</u>						
Overall vomiting frequency	2	89	$I^2 = 91\%$; $p \leq 0.001$	Random	-0.67 ^b (-2.61 to 1.27)	0.50
Acute vomiting frequency	3	180	$I^2 = 0\%$; $p = 0.40$	Fixed	-0.18 ^b (-0.47 to 0.12)	0.23
Delayed vomiting frequency	4	200	$I^2 = 0\%$; $p = 0.45^c$	Fixed	-0.91 ^b (-1.22 to -0.61)	<0.001
Overall efficiency of CINV	10	839	$I^2 = 24\%$; $p = 0.23$	Fixed	1.31 ^a (1.22 to 1.41)	<0.001
<u>Adverse reactions</u>						
Overall incidence	6	503	$I^2 = 35\%$; $p = 0.10$	Fixed	0.62 (0.53 to 0.74)	<0.001
Constipation	6	503	$I^2 = 0\%$; $p = 0.90^c$	Fixed	0.61 (0.45 to 0.84)	0.002
Diarrhoea	2	196	$I^2 = 0\%$; $p = 0.51$	Fixed	0.66 (0.45 to 0.98)	0.04
Abdominal distension	2	177	$I^2 = 12\%$; $p = 0.29$	Fixed	0.93 (0.71 to 1.24)	0.63
Headache	2	135	$I^2 = 0\%$; $p = 0.51$	Fixed	0.43 (0.10 to 1.82)	0.25
Tiredness	2	205	$I^2 = 0\%$; $p = 0.48$	Fixed	0.39 (0.26 to 0.58)	<0.001

^aRR: risk ratio; ^bMD: mean difference; ^cimproved with sensitivity analysis; and ^dstatistically significant results are highlighted in bold.

Nausea relief efficiency 噁心緩解效率

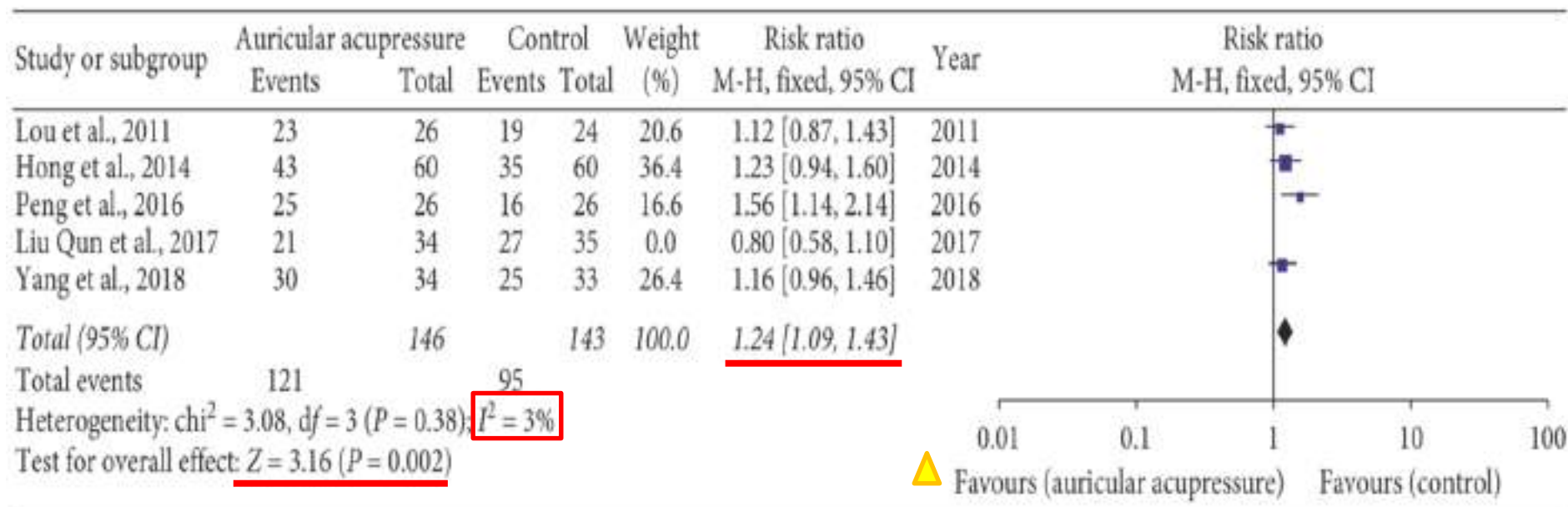


FIGURE 3: Overall nausea relief efficiency.

Outcome	Inclusion of studies	Sample size	Heterogeneity	Analysis model	RR ^a /SMD ^b (95% CI)	p value
<i>Nausea relief efficiency</i>						
Overall nausea relief efficiency	5	358	$I^2 = 3\%$; $p = 0.38^c$	Fixed	1.24 ^a (1.09 to 1.43)	0.002^d
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Delayed nausea relief efficiency	4	238	$I^2 = 86\%$; $p \leq 0.001$	Random	1.30 ^a (0.92 to 1.84)	0.14

Nausea frequency 噁心頻率

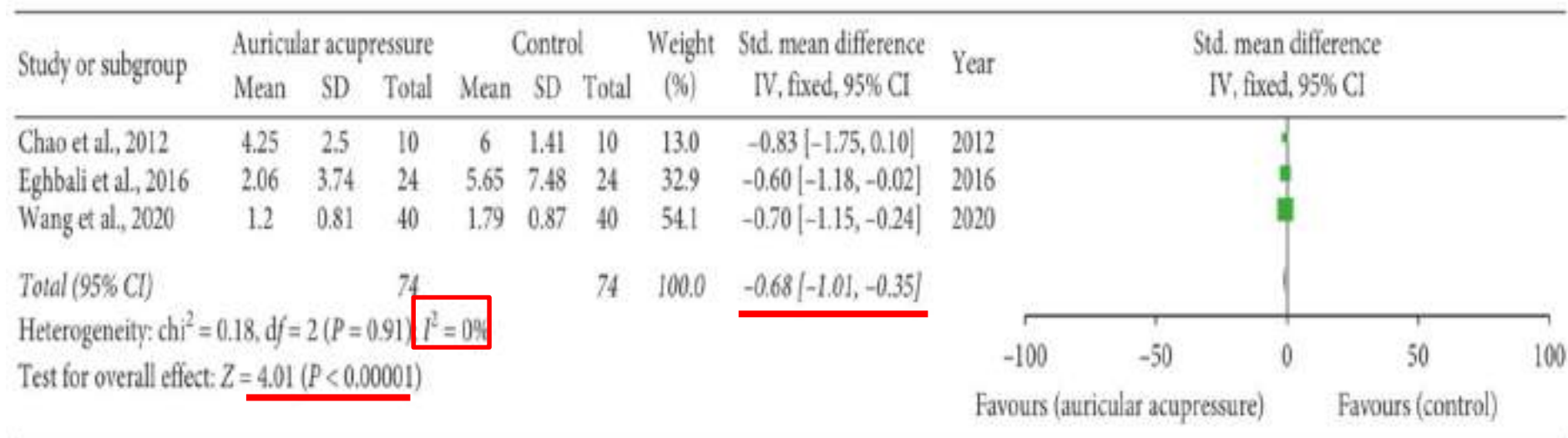


FIGURE 4: Delayed nausea frequency.

Outcome	Inclusion of studies	Sample size	Heterogeneity	Analysis model	RR ^a /SMD ^b (95% CI)	<i>p</i> value
<i>Nausea frequency</i>						
Acute nausea frequency	2	128	$I^2 = 63\%$; $p = 0.10$	Random	-0.18 ^b (-0.77 to 0.41)	0.55
Delayed nausea frequency	3	148	$I^2 = 0\%$; $p = 0.91$	Fixed	-0.68 ^b (-1.01 to -0.35)	<0.001

Vomiting relief efficiency 嘔吐緩解效率

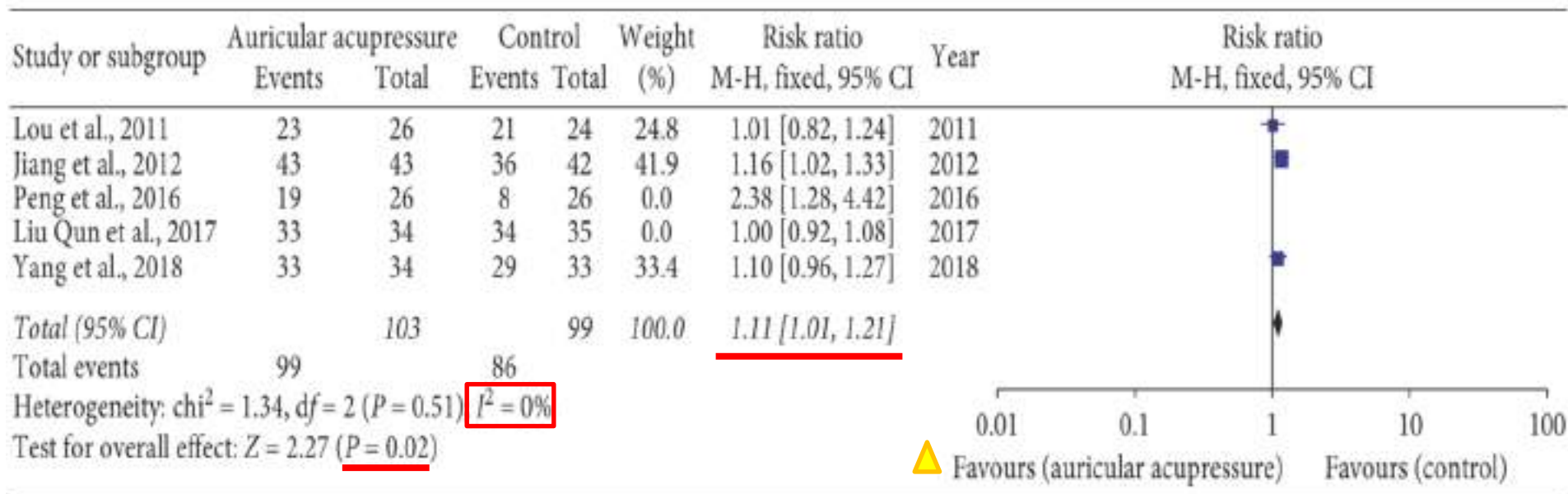


FIGURE 5: Delayed vomiting relief efficiency.

Outcome	Inclusion of studies	Sample size	Heterogeneity	Analysis model	RR ^a /SMD ^b (95% CI)	p value
<i>Vomiting relief efficiency</i>						
Overall vomiting relief efficiency	9	634	$I^2 = 56\%$; $p = 0.02$	Random	1.14 ^a (1.02 to 1.28)	0.02
Acute vomiting relief efficiency	5	323	$I^2 = 0\%$; $p = 0.64^c$	Fixed	1.05 ^a (0.93 to 1.18)	0.44
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Vomiting frequency 嘔吐頻率

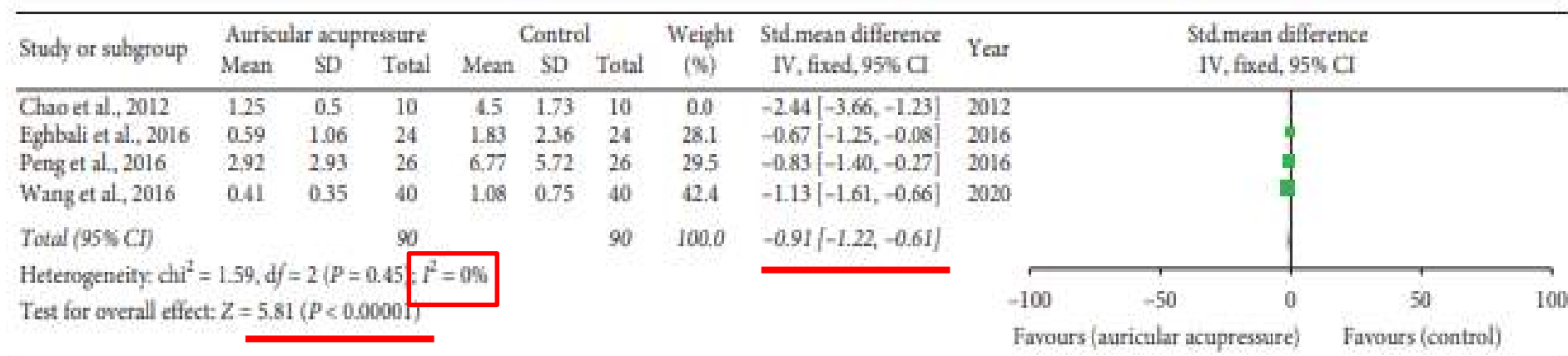


FIGURE 6: Delayed vomiting frequency.

Outcome	Inclusion of studies	Sample size	Heterogeneity	Analysis model	RR ^a /SMD ^b (95% CI)	p value
<i>Vomiting frequency</i>						
Overall vomiting frequency	2	89	$I^2 = 91\%$; $p \leq 0.001$	Random	-0.67 ^b (-2.61 to 1.27)	0.50
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Overall Efficiency of CINV

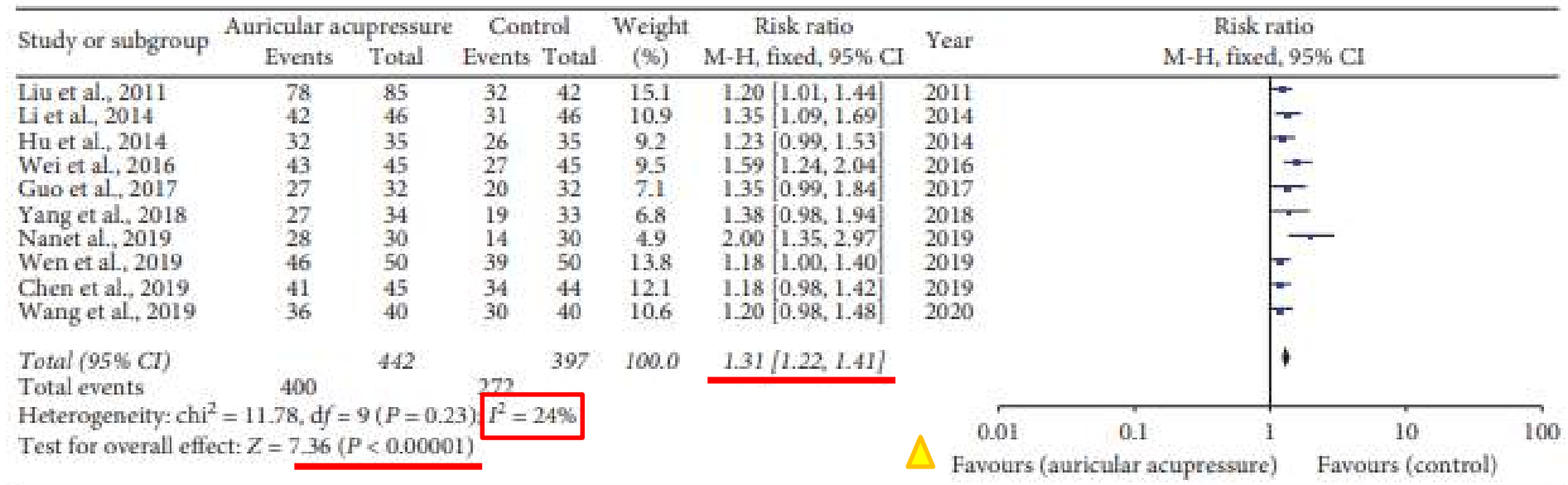


FIGURE 7: Overall efficiency of CINV.

Outcome	Inclusion of studies	Sample size	Heterogeneity	Analysis model	RR ^a /SMD ^b (95% CI)	p value
<i>Vomiting frequency</i>						
Overall vomiting frequency	2	89	$I^2 = 91\%$; $p \leq 0.001$	Random	-0.67^b (-2.61 to 1.27)	0.50
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Overall efficiency of CINV	10	839	$I^2 = 24\%$; $p = 0.23$	Fixed	1.31^a (1.22 to 1.41)	<0.001



Adverse reactions 其他不良反應

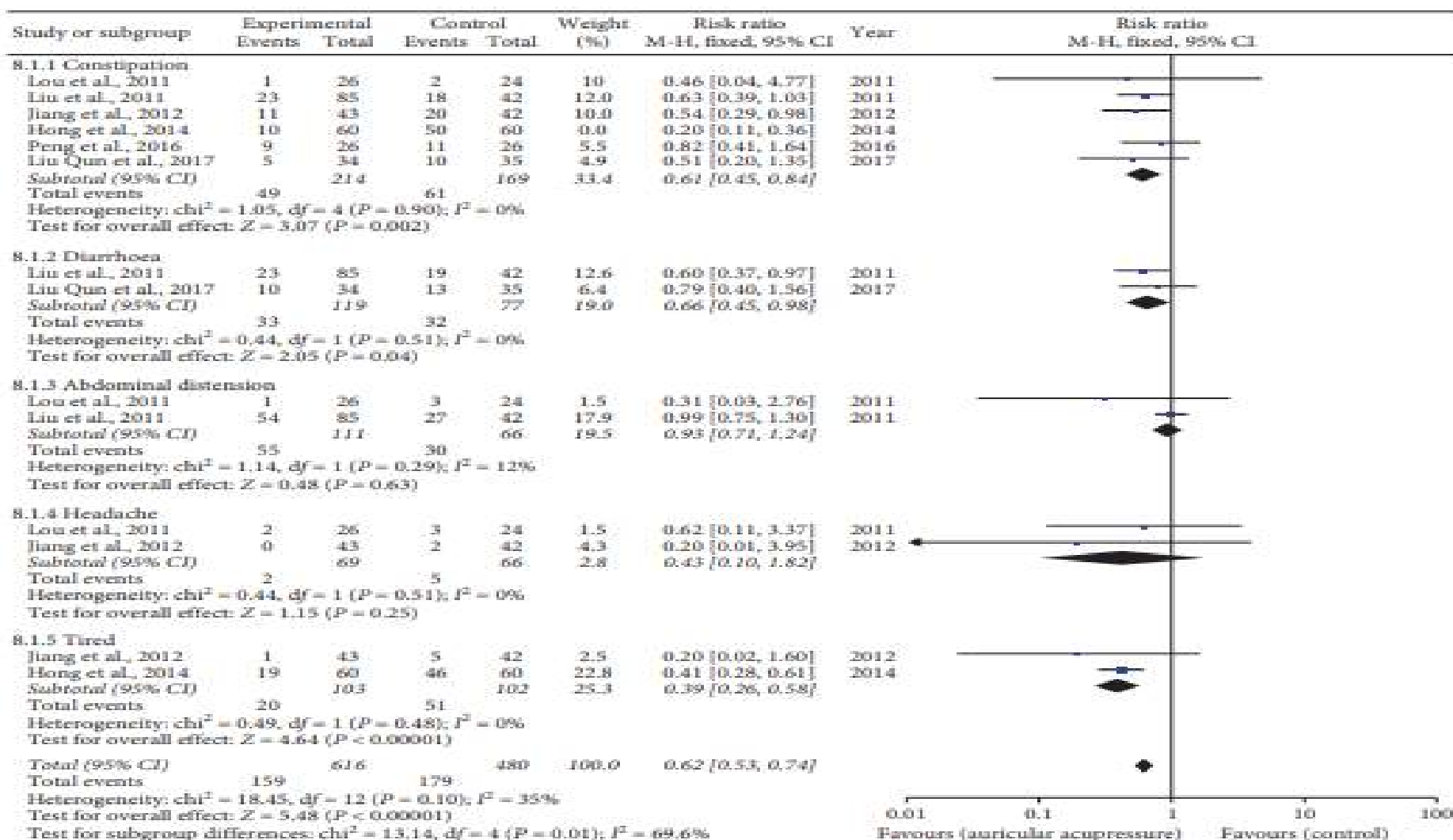


FIGURE 8: Incidence of adverse reactions.

FAITH-試驗的結果是否相近-異質性?

- p值<0.05 認為具有統計學意義。
- 在統計異質性的基礎上，如果卡方檢驗>0.1或I²<50%，則選擇固定效應模型。

TABLE 4: Efficacy of auricular acupressure for nausea and vomiting outcomes.

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^aRR: risk ratio; ^bMD: mean difference; ^cimproved with sensitivity analysis; and ^dstatistically significant results are highlighted in bold.

評讀結果：■是 □否 □不確定



評讀總表

系統性文獻回顧的品質

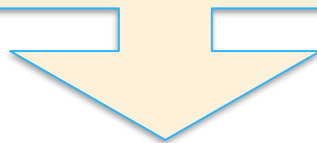
研究是否找到(Find)所有的相關證據？	評讀結果：是
文獻是否經過嚴格評讀(Appraisal)？	評讀結果：是
是否只納入(Included)具良好效度的文章？	評讀結果：是
作者是否以表格和圖表「總結」(Total up)試驗結果？	評讀結果：是
一試驗的結果是否相近一異質性(Heterogeneity)？	評讀結果：是



結論



- 耳穴按摩輔助療法有益於延遲化療引起的噁心和嘔吐以及便秘、腹瀉和疲倦。
- 單獨使用AA或輔助使用AA對急性噁心和急性嘔吐幾乎沒有影響。
- 對於延遲性 CINV，單獨使用 AA 是否優於止吐藥尚無定論。



止吐藥搭配耳穴按摩輔助治療延遲性 CINV



限制

- 研究的樣本數較小
- 由於介入措施的特殊性，研究難以達到雙盲測試
- 耳穴按摩執行方式無統一標準(選擇穴位、按壓時間、按壓頻率等等.....)

Appraisal sheets(FAITH)

□ Appraisal Tool

□ 步驟1：研究探討的問題為何 (PICO)

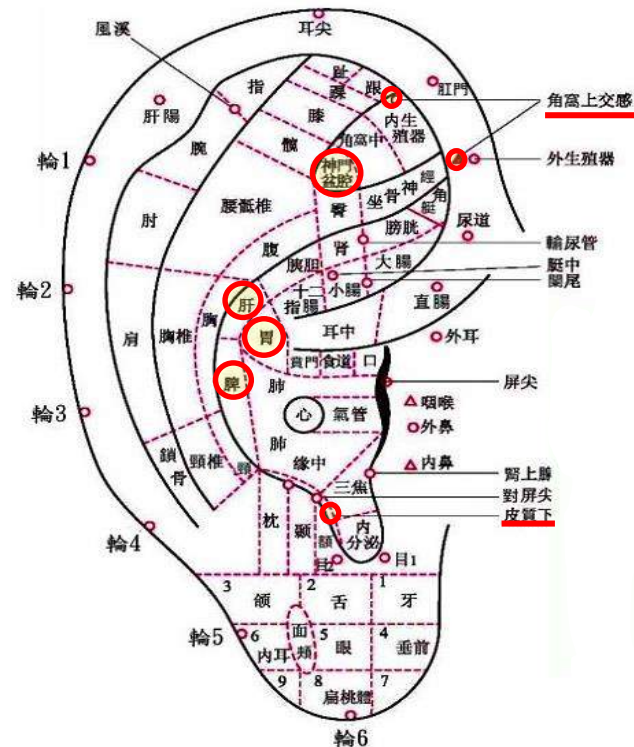
□ 步驟2：研究的品質如何 (內在效度)

□ 步驟3：研究結果之意義為何 (效益)



回到臨床.....

- 按摩方式：徒手/耳珠
- 開始時機：化療當天or前一天
- 執行天數：5~7天
- 穴位：胃、神門、交感、脾、皮質下、肝
- 時機：每天早、中、晚進行3次，每次持續約4-7分鐘
 - 除了常規按摩外，如果感到噁心時可額外增加按摩次數
- 力度：按壓位置出現酸、麻、重、脹或觸電感(得氣)



其他優點

- ✓操作簡單
- ✓沒有時間地點限制
- ✓教導家屬執行，提高參與感
- ✓心理安慰？
- ✓其他.....



<https://heho.com.tw/archives/1101>

<https://wooamooa.pixnet.net/blog/post/459658345-以身體部位劃分%EF%BC%9A%285%29【耳部】穴位>

共筆專用表 化療止吐藥品國際指引建議 (COMPARISON OF ASCO, NCCN, AND ESMO GUIDELINES OF PREVENTION OF CINV)

<https://www.nejs.app/2019/07/comparison-of-asco-nccn-and-esmo.html>

專家建議



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

可用於改善噁心嘔吐之耳朵穴位



臺北市
衛生局

堅持品質 共創價值

是否贊成 耳穴按摩緩解癌症患者化療後的噁心嘔吐？

15票

6票

2票



感謝聆聽！！

