NKR-nakke pico 6. Akupunktur vs.ingen akupunktur

Review information

Authors

[Empty name][1]

[1][Empty affiliation]

Citation example: [Empty name]. NKR-nakke pico 6. Akupunktur vs.ingen akupunktur. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Birch,1998

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Trinh, 2016

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	From Trinh, 2016
Sequence Generation	Unclear risk	From Trinh, 2016
Blinding of outcome assessors	High risk	From Trinh, 2016

Allocation concealment	Unclear risk	From Trinh, 2016
Other sources of bias	Unclear risk	
Blinding of participants and personnel	High risk	From Trinh, 2016
Incomplete outcome data	High risk	From Trinh, 2016

Cho 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Males (%)*: 20 ● *Mean age (SD)*: 39.2 (9.1) ● *Symptom duration*: > 3mths ● *Symptom characteristics*: n.a. ● *Mean neck pain (SD)*: 7.1 (1.3) Control ● *Males (%)*: 40 ● *Mean age (SD)*: 38.2 (10.2) ● *Symptom duration*: > 3 mths ● *Symptom characteristics*: n.a. ● *Mean neck pain (SD)*: 6.07 (0.5) **Included criteria:** (1) men or women aged 25–55 years; (2) symptoms such as neck pain or stiff-ness in the neck and shoulders lasting for 3 months or more; (3) a score of≥ 5 on the visual analogue scale(VAS) at baseline **Excluded criteria:** Patients were excluded if they (1) had received acupuncture or NSAID treatment for neck pain within the past 3 months; (2) had a serious medical disease or cancer; (3) had a history of spinaltrauma, had undergone surgery on the neck or had systematic neurological or other skeletal disorders;(4) were pregnant or breast feeding. **Pretreatment:** 80% kvinder i akupunktur gruppe versus 60% i kontrolVAS 7 i akupunkturgruppe versus VAS 6 i kontrol

Interventions	**Intervention Characteristics** Intervention ● *Description* : NSAID (zaltoprofen,80 mg daily; C J Pharma Co, Korea) + acupuncture sessions at the acupuncture points for chronic neck painfor by licensed Korean Medicine Doctors(KMDs) with at least 3 years of experience. cupunctureNeedle Co, Korea) were inserted into the muscle to adepth of 20 mm. When the subject felt dull pain orthe acupuncture sensation (de qi), the manipulationwas stopped and the needle was left in place for15 min ● *Duration*: 3 weeks ● *No. of treatments (total)*: 3 x Daglig NSAID; 9 sessioner akupunktur Control ● *Description* : NSAID ● *Duration*: 3 weeks ● *No. of treatments (total)*: 3 x Daglig
Outcomes	*Smerte (pain) end of treatment* ● **Outcome type**: ContinuousOutcome *Smerte (pain) 4-12 ugers follow-up* ● **Outcome type**: ContinuousOutcome *Funktionsevne (level of function) 4-12 ugers follow-up* ● **Outcome type**: ContinuousOutcome *Forbrug af medicin (use of medicin) 4-12 ugers follow-up* ● **Outcome type**: DichotomousOutcome *Tilbage til arbejde (Return to work) 4-12 ugers follow-up* ● **Outcome type**: DichotomousOutcome *Sygefravær (sickleave) 4-12 ugers follow-up* ● **Outcome type**: DichotomousOutcome *Livskavlitet (Quality of life) 4-12 ugers follow-up* ● **Outcome type**: ContinuousOutcome *Frafald (droput) End of treatment* ● **Outcome type**: DichotomousOutcome

	Infektioner (infections) Under behandling ● **Outcome type**: DichotomousOutcome *Smerte med CI* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** This study was funded by the program of the KyungHee University for young medical researcher in 2009(KHU-20100763).Competing interestsNone **Country:** South Korea **Setting:** Kyung Hee University Hospital at Gangdong, Seoul, Korea **Comments:** Rekruttering via annoncering og sygehusets hjemmeside.Studiet er publiceret som et pilotstudie der primært skal informere en fuldt skaleret RCT **Authors name:** Jae-Heung Cho **Institution:** Department of KoreanRehabilitation Medicine, KyungHee University Hospital atGangdong, Seoul, Korea **Email:** omdjun@kiom.re.k **Address:** #149, Sangil-dong, Gangdong-gu, Seoul 134-727, Korea
Notes	*Nkr45 Nakkesmerter* on 19/03/2016 07:19 **Select** AN vs NS virker relevant at sammenligne *Charlotte Krog* on 19/03/2016 08:23 **Select** Kronisk Cx smerte = +3 mdr; Ingen "add on"; 3 grp - samme resultat *Nkr45 Nakkesmerter* on 21/06/2016 04:13 **Outcomes** Baseline-forskel bør indregnes?

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Low risk	Judgement Comment: No selective outcome reporting issues. All stated outcomes reported
Sequence Generation	Low risk	Judgement Comment: Using a computer-generated randomisation table
Blinding of outcome assessors	High risk	Judgement Comment: Outcome assessor was blinded to the participants treatment Vi har konsekvent betragtet bliniding som ikke mulig ved patientrapporterede outcomes
Blinding of outcome assessors	High risk	Judgement Comment: Outcome assessor was blinded to the participants treatment Vi har konsekvent betragtet bliniding som ikke mulig ved patientrapporterede outcomes
Allocation concealment	Unclear risk	Judgement Comment: Not really desribed. Authors claim allocation adequately concealed, independent of the clinicians involved in treatment and independent of the researcher evaluating the outcome measures
Other sources of bias	High risk	Judgement Comment: apparently the study seems free of any other potential source for bias, but being a pilot study where participants have been recruited actively after advertisements in local newspapers and the hospiatl's home page - the participants might represent a more motivated group of patients, thus questionning the set-up.
Blinding of participants and personnel	High risk	Judgement Comment: both patients and clinicians would know the intervention received (acupuncture or not) Blinding ikke mulig ved patientrapporterede outcomes
Incomplete outcome data	Low risk	Judgement Comment: missing outcome data balanced in numbers across intervention groups and adequately addressed 4:30 dropped out; intention-to-treat analysis

Ilbuldu, 2004

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Trinh, 2016

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	From Trinh, 2016
Sequence Generation	Unclear risk	From Trinh, 2016
Blinding of outcome assessors	High risk	From Trinh, 2016
Allocation concealment	Unclear risk	From Trinh, 2016
Other sources of bias	Unclear risk	
Blinding of participants and personnel	High risk	From Trinh, 2016
Incomplete outcome data	High risk	From Trinh, 2016

Irnich, 2002

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Trinh, 2016

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	From Trinh, 2016
Sequence Generation	Low risk	From Trinh, 2016
Blinding of outcome assessors	High risk	From Trinh, 2016
Allocation concealment	Unclear risk	From Trinh, 2016

Other sources of bias	Unclear risk	
Blinding of participants and personnel	High risk	From Trinh, 2016
Incomplete outcome data	Low risk	From Trinh, 2016

Mejuto Vazquez 2014

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Males (%)*: 44 ● *Mean age (SD)*: 25(4) ● *Symptom duration*: 3.1(0.8) ● *Symptom characteristics*: baseline NRS 5.7 Control ● *Males (%)*: 50 ● *Mean age (SD)*: 24(7) ● *Symptom duration*: 3.4(0.7) ● *Symptom characteristics*: baseline NRS 5.3 **Included criteria:** Consecu-tive patients with acute mechanical, idiopathic, unilateral neck pain were referred by their physician to a private physical therapy clinic from June 2012 to March 2013 and screened for eligibility criteria. In the current study, mechanical neck pain was defined as neck-shoulder pain with symptoms provoked by neck posture, neck movement, or palpation of the cervical musculature. To be consid-ered acute, neck pain needed to be less than 7 days in duration.The following criteria were required for a patient to have active TrPs40: the presence of a palpable taut band in the upper trapezius muscle, the presence of a hypersensitive spot in the taut band, a palpable or visible local twitch on snap-ping palpation, and a reproduction of referred pain elicited by palpation of the sensitive spot. **Excluded criteria:** History of a whip-lash injury, previous cervical surgery, cervical radiculopathy or myelopathy, di-agnosis of fibromyalgia syndrome,48 any physical therapy intervention in the pre-vious 12 months, fear of needles, any sign of vertebrobasilar insufficiency8 or upper cervical spine ligamentous instability, or any contraindication for dry needling (eg, anticoagulant medications or the pres-ence of psychiatric symptoms). **Pretreatment:** Ingen væsentlige

Interventions	**Intervention Characteristics** Intervention ● *Description* : Patients in the experimental group received a single session of TrPDN with disposable, 0.3 × 30-mm stainless-steel needles (Novasan, SA, Madrid, Spain), which were inserted through the skin over the TrP. In this study, the “fast-in and fast-out” technique described by Hong21 was applied. After locating an active TrP in the upper trapezius using pincer palpation, the overlying skin was cleaned with alcohol and the needle was subsequently inserted, penetrating the skin and muscle tissues to a depth of ap-proximately 10 to 15 mm into the TrP (FIGURE 1). Once inserted into the TrP, the needle was moved into multiple direc-tions until the first local twitch response was obtained. It has been suggested that multiple local twitch responses should be elicited during TrPDN for successful treatment.21 Once the first local twitch response was obtained, the needling was performed in an up-and-down fashion, performing 2- to 3-mm vertical motions with no rotations (fast-in and fast-out technique), at approximately 1 Hz for 25 to 30 seconds, with the aim of eliciting local twitch responses. In such a manner, the needle was inserted multiple times into the TrP without removing it from the skin (VIDEO, available online) ● *Duration*: 1 day ● *No. of treatments (total)*: 1 Control ● *Description* : Patients in the control group did not receive any intervention, so that the natural course of the condition could be determined. These patients were asked to continue their normal activities with-out exacerbating their symptoms and to refrain from taking any medication or seeking additional treatments during the study period ● *Duration*: 1 week ● *No. of treatments (total)*: 0
Outcomes	*Smerte (pain) end of treatment* ● **Outcome type**: ContinuousOutcome *Smerte (pain) 4-12 ugers follow-up* ● **Outcome type**: ContinuousOutcome *Funktionsevne (level of function) 4-12 ugers follow-up* ● **Outcome type**: ContinuousOutcome *Forbrug af medicin (use of medicin) 4-12 ugers follow-up* ● **Outcome type**: DichotomousOutcome

	Tilbage til arbejde (Return to work) 4-12 ugers follow-up ● **Outcome type**: DichotomousOutcome *Sygefravær (sickleave) 4-12 ugers follow-up* ● **Outcome type**: DichotomousOutcome *Livskavlitet (Quality of life) 4-12 ugers follow-up* ● **Outcome type**: ContinuousOutcome *Frafald (droput) End of treatment* ● **Outcome type**: DichotomousOutcome *Infektioner (infections) Under behandling* ● **Outcome type**: DichotomousOutcome *Smerte med CI* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** The authors certify that they have no affiliations with or financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the article. **Country:** Spanien **Setting:** Primærsektor. Pt henvist fra læge til privarpraktiserende fysioterapeut **Comments:** ingen **Authors name:** Maria J. Mejuto-Vázquez **Institution:** Department of Physical Therapy, Occupational Therapy, Physical Medicine and Rehabilitation, Universidad Rey Juan Carlos, Alcorcón, Madrid, Spain. **Email:** cesarfdlp@yahoo.es **Address:** Adress correspondence to Dr César Fernández-de-las-Peñas, Facultad de Ciencias de la Salud, Universidad Rey Juan Carlos, Avenida de Atenas s/n 28922 Alcorcón, Madrid, Spain. E-
Notes	*Nkr45 Nakkesmerter* on 06/03/2016 21:38 **Select** Få patienter, diagnose baseret på klnisk undersøgelse, behandlingen ikke add-on *Charlotte Krog* on 06/03/2016 23:52 **Select**

	N=17; Nakkesmerter er klassifceret som smerter i "nakke- og skulderåg" # fra lokale nakkesmerter; enten akupunktur eller intet = ikke add on. EKSKLUSION *Nkr45 Nakkesmerter* on 08/04/2016 19:35 **Select** Inklusionskriteriet 'aktive TPer' er accepteret da kun 2/25 screenede ikke havde dette *Nkr45 Nakkesmerter* on 09/04/2016 05:57 **Outcomes** ingen frafald efter randomisering men tre ikke randomiseret pga angst for nåle

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	
Sequence Generation	Low risk	
Blinding of outcome assessors	High risk	Judgement Comment: s 254 - 11 punkt skala selv rapporteret Cx smerte - ingen blinding.ROM målt, men ikke relateret til sm.....Triggerpoint: problematisk, da ingen litteratur synes enig i hvad det er.....
Allocation concealment	Low risk	No comments
Other sources of bias	High risk	Judgement Comment: Ingen sample size beregning. N = 172 personer uden aktive TP'er ekskluderet; 3 personer bange for nåle ekskluderet (dog alle før randomisering)
Blinding of participants and personnel	High risk	Judgement Comment: Jeg kan ikke læse om gruppen der får akupunktur også får samme råd og vejledning som den anden gruppe - deraf 2 forskellige behandlinger, der ikke kan sammenlgnes
Incomplete outcome data	Low risk	

Petrie, 1986

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Trinh, 2016

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	From Trinh, 2016
Sequence Generation	Unclear risk	From Trinh, 2016
Blinding of outcome assessors	High risk	From Trinh, 2016
Allocation concealment	Unclear risk	From Trinh, 2016
Other sources of bias	Unclear risk	
Blinding of participants and personnel	High risk	From Trinh, 2016
Incomplete outcome data	High risk	From Trinh, 2016

Seidel, 2002

Methods	
Participants	
Interventions	
Outcomes	
Identification	

Notes	From Trinh, 2016

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	From Trinh, 2016
Sequence Generation	Low risk	From Trinh, 2016
Blinding of outcome assessors	Low risk	From Trinh, 2016
Allocation concealment	Unclear risk	From Trinh, 2016
Other sources of bias	Unclear risk	
Blinding of participants and personnel	High risk	From Trinh, 2016
Incomplete outcome data	High risk	From Trinh, 2016

Thomas, 1991

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Trinh, 2016

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	From Trinh, 2016
Sequence Generation	Unclear risk	From Trinh, 2016
Blinding of outcome assessors	High risk	From Trinh, 2016
Allocation concealment	Unclear risk	From Trinh, 2016
Other sources of bias	Unclear risk	
Blinding of participants and personnel	High risk	From Trinh, 2016
Incomplete outcome data	Low risk	From Trinh, 2016

White, 2004

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Trinh, 2016

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	From Trinh, 2016
Sequence Generation	Low risk	From Trinh, 2016
Blinding of outcome assessors	High risk	From Trinh, 2016
Allocation concealment	Unclear risk	From Trinh, 2016
Other sources of bias	Unclear risk	

Blinding of participants and personnel	High risk	From Trinh, 2016
Incomplete outcome data	High risk	From Trinh, 2016

Witt, 2006

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Selective outcome reporting	Unclear risk	From Trinh, 2016
Sequence Generation	Low risk	From Trinh, 2016
Blinding of outcome assessors	High risk	From Trinh, 2016
Allocation concealment	Low risk	From Trinh, 2016
Other sources of bias	Unclear risk	
Blinding of participants and personnel	High risk	From Trinh, 2016
Incomplete outcome data	High risk	From Trinh, 2016

Footnotes

Characteristics of excluded studies

Itoh 2007

Reason for exclusion	Wrong comparator

MacPherson 2015

Reason for exclusion	Wrong route of administration

Wilke 2014

Reason for exclusion	Wrong comparator

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

References to studies

Included studies

Birch,1998

[Empty]

Cho 2014

Cho,Jae-Heung; Nam,Dong-Hyun; Kim,Ki-Tack; Lee,Jun-Hwan. Acupuncture with non-steroidal anti-inflammatory drugs (NSAIDs) versus acupuncture or NSAIDs alone for the treatment of chronic neck pain: an assessor-blinded randomised controlled pilot study.. Acupuncture in Medicine 2014;32(1):17-23. [DOI: http://dx.doi.org/10.1136/acupmed-2013-010410]

Ilbuldu, 2004

[Empty]

Irnich, 2002

[Empty]

Mejuto Vazquez 2014

Mejuto-Vazquez,Maria J.; Salom-Moreno,Jaime; Ortega-Santiago,Ricardo; Truyols-Dominguez,Sebastian; Fernandez-de-Las-Penas,Cesar. Short-term changes in neck pain, widespread pressure pain sensitivity, and cervical range of motion after the application of trigger point dry needling in patients with acute mechanical neck pain: a randomized clinical trial. Journal of Orthopaedic & Sports Physical Therapy 2014;44(4):252-260. [DOI: http://dx.doi.org/10.2519/jospt.2014.5108]

Petrie, 1986

[Empty]

Seidel, 2002

[Empty]

Thomas, 1991

[Empty]

White, 2004

[Empty]

Witt, 2006

[Empty]

Excluded studies

Itoh 2007

Itoh,Kazunori; Katsumi,Yasukazu; Hirota,Satoko; Kitakoji,Hiroshi. Randomised trial of trigger point acupuncture compared with other acupuncture for treatment of chronic neck pain.. Complementary therapies in medicine 2007;15(3):172-179. [DOI:]

MacPherson 2015

MacPherson,Hugh; Tilbrook,Helen; Richmond,Stewart; Woodman,Julia; Ballard,Kathleen; Atkin,Karl; Bland,Martin; Eldred,Janet; Essex,Holly; Hewitt,Catherine; Hopton,Ann; Keding,Ada; Lansdown,Harriet; Parrott,Steve; Torgerson,David; Wenham,Aniela; Watt,Ian. Alexander Technique Lessons or Acupuncture Sessions for Persons With Chronic Neck Pain: A Randomized Trial. Annals of Internal Medicine 2015;163(9):653-662. [DOI: http://dx.doi.org/10.7326/M15-0667]

Wilke 2014

Wilke,J.; Vogt,L.; Niederer,D.; Hubscher,M.; Rothmayr,J.; Ivkovic,D.; Rickert,M.; Banzer,W.. Short-term effects of acupuncture and stretching on myofascial trigger point pain of the neck: a blinded, placebo-controlled RCT.. Complementary therapies in medicine 2014;22(5):835-841. [DOI: http://dx.doi.org/10.1016/j.ctim.2014.09.001]

Data and analyses

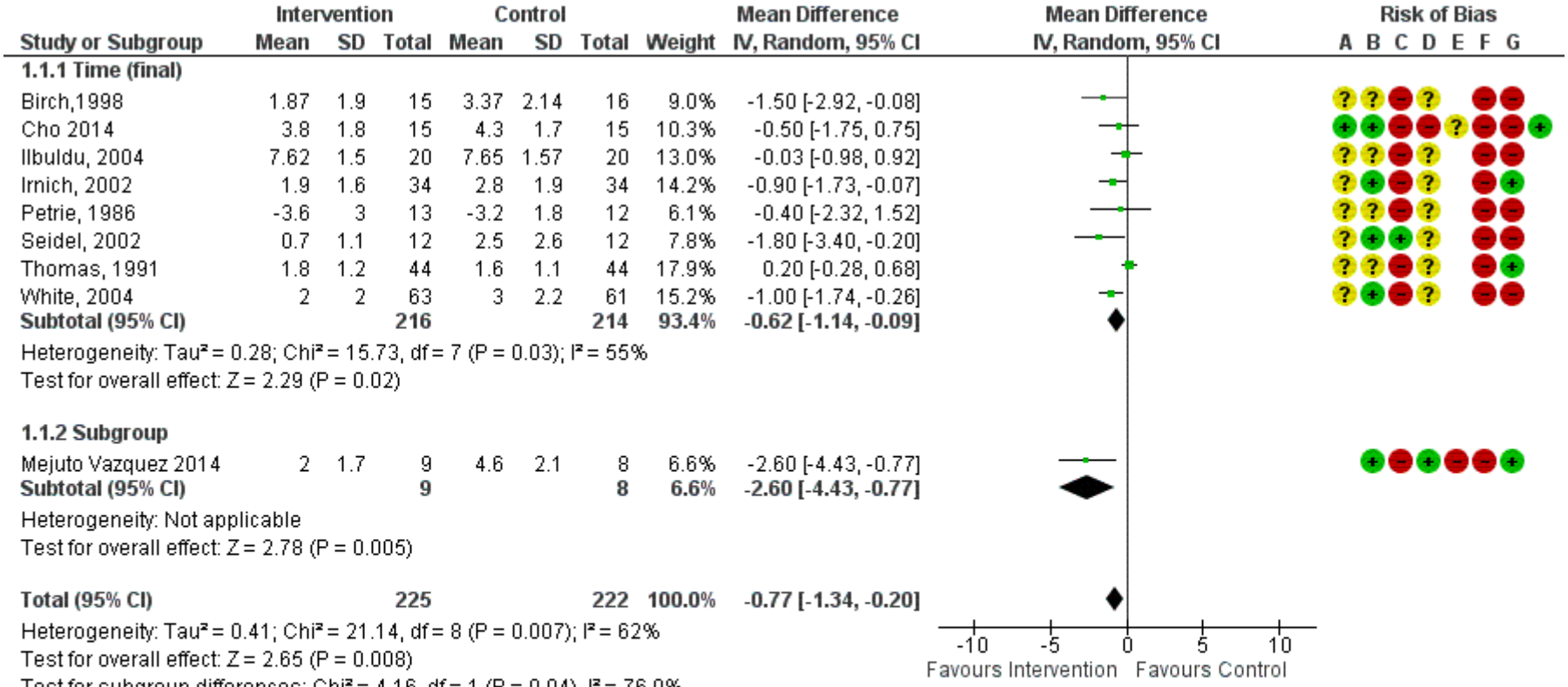
1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Smerte (pain) end of treatment	9	447	Mean Difference (IV, Random, 95% CI)	-0.77 [-1.34, -0.20]
1.1.1 Time (final)	8	430	Mean Difference (IV, Random, 95% CI)	-0.62 [-1.14, -0.09]
1.1.2 Subgroup	1	17	Mean Difference (IV, Random, 95% CI)	-2.60 [-4.43, -0.77]
1.2 Smerte (pain) 4-12 ugers follow-up	2		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.2.1 Time (final)	2	137	Mean Difference (IV, Random, 95% CI)	-0.50 [-1.29, 0.29]

1.3 Funktionsevne (level of function) 4-12 ugers follow-up	3		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.3.1 NDI	2	136	Mean Difference (IV, Random, 95% CI)	-1.01 [-3.42, 1.39]
1.3.2 NPD-%reduction in mean	1	3213	Mean Difference (IV, Random, 95% CI)	-23.10 [-25.00, -21.20]
1.4 Livskavlitet (Quality of life) 4-12 ugers follow-up	2		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.4.1 SF 36	1	30	Mean Difference (IV, Random, 95% CI)	4.30 [3.36, 5.24]
1.4.2 SF-36 physical component score, opgivet i %-vis ændring	1	3451	Mean Difference (IV, Random, 95% CI)	-0.60 [-0.61, -0.59]
1.6 Forbrug af medicin (use of medicin) 4-12 ugers follow-up	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.7 Tilbage til arbejde (Return to work) 4-12 ugers follow-up	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.8 Sygefravær (sickleave) 4-12 ugers follow-up	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.9 Frafald (droput) End of treatment	2	47	Risk Ratio (IV, Random, 95% CI)	1.00 [0.16, 6.20]
1.9.1 Time	1	30	Risk Ratio (IV, Random, 95% CI)	1.00 [0.16, 6.20]
1.9.2 Subgroup	1	17	Risk Ratio (IV, Random, 95% CI)	Not estimable
1.10 Infektioner (infections) Under behandling	1		Risk Ratio (IV, Random, 95% CI)	No totals
1.10.1 Time	1		Risk Ratio (IV, Random, 95% CI)	No totals

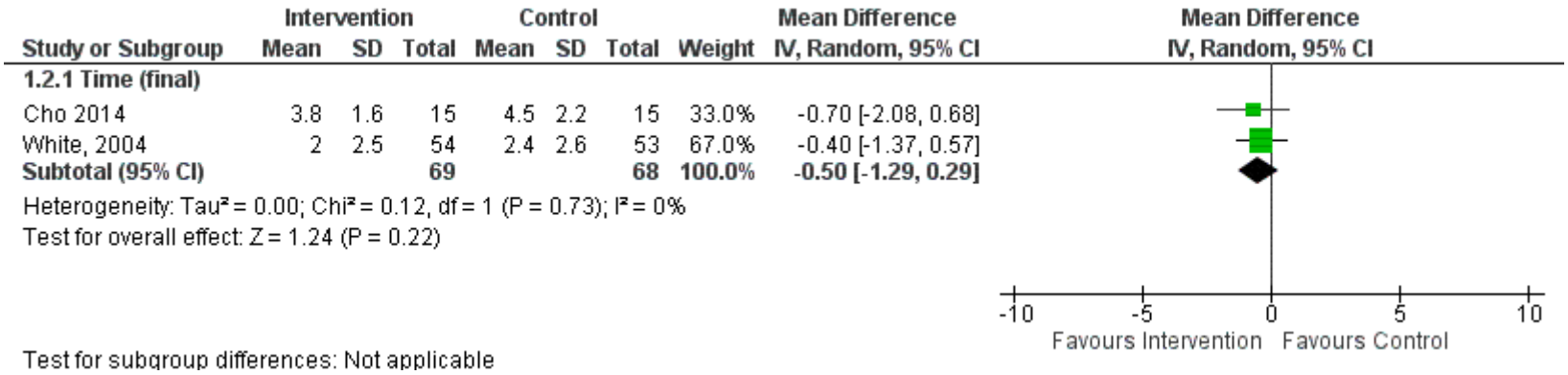
Figures

Figure 1 (Analysis 1.1)



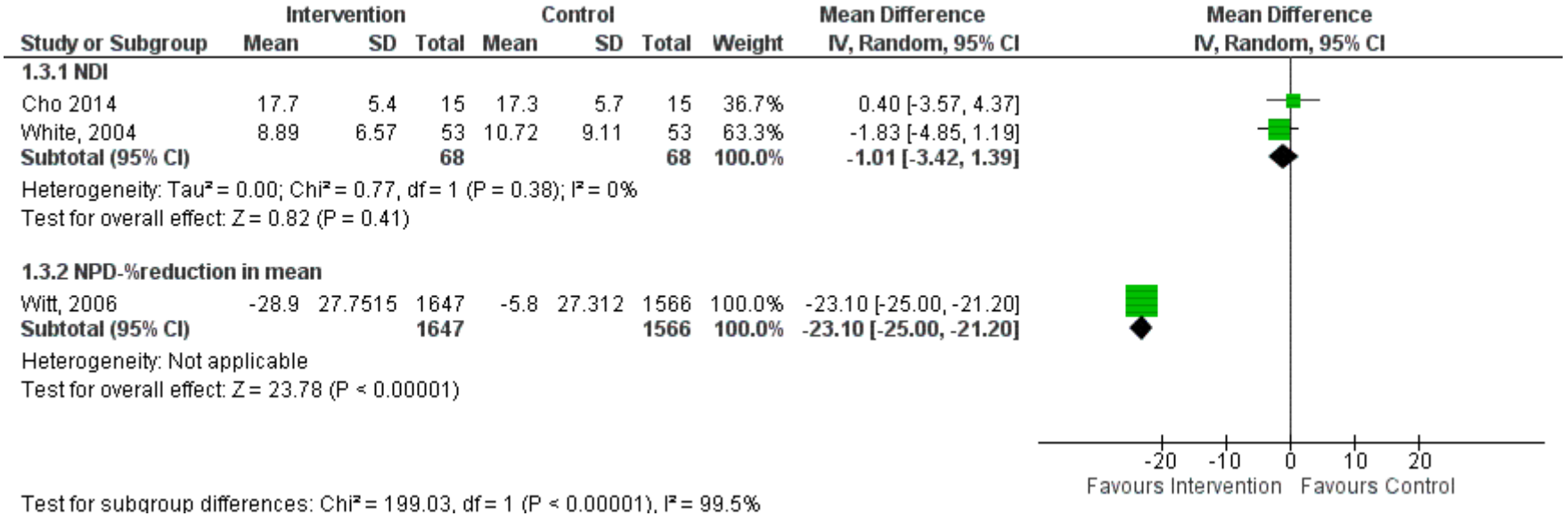
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.1 Smerte (pain) end of treatment.

Figure 2 (Analysis 1.2)



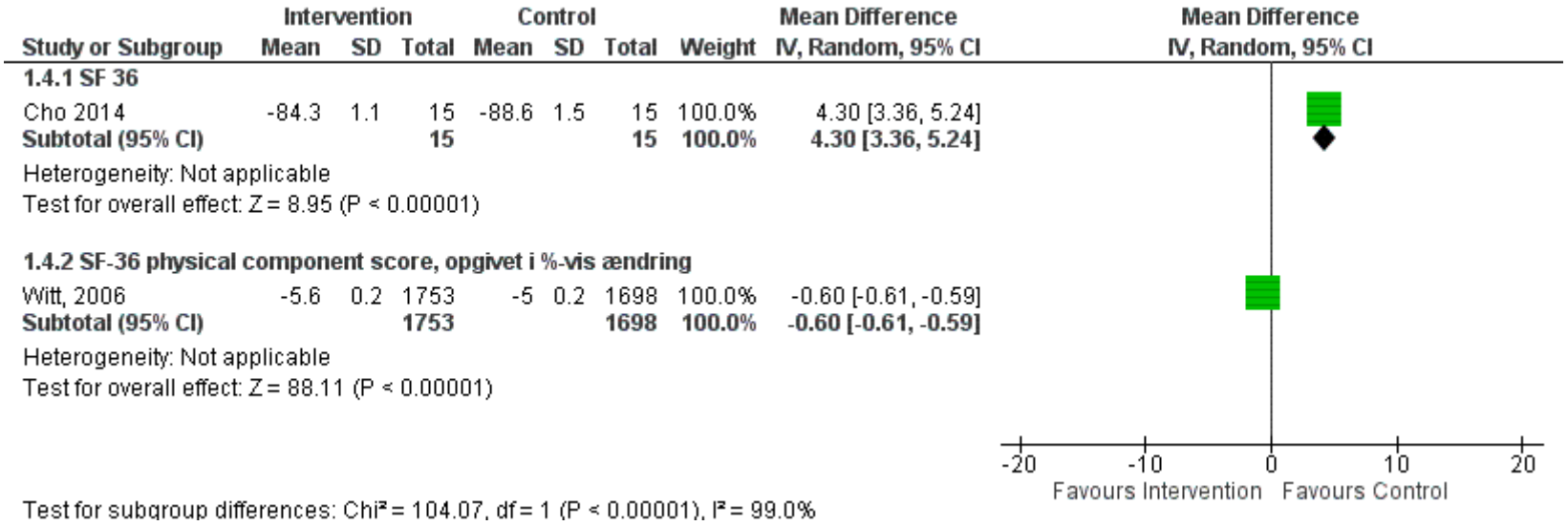
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.2 Smerte (pain) 4-12 ugers follow-up.

Figure 3 (Analysis 1.3)



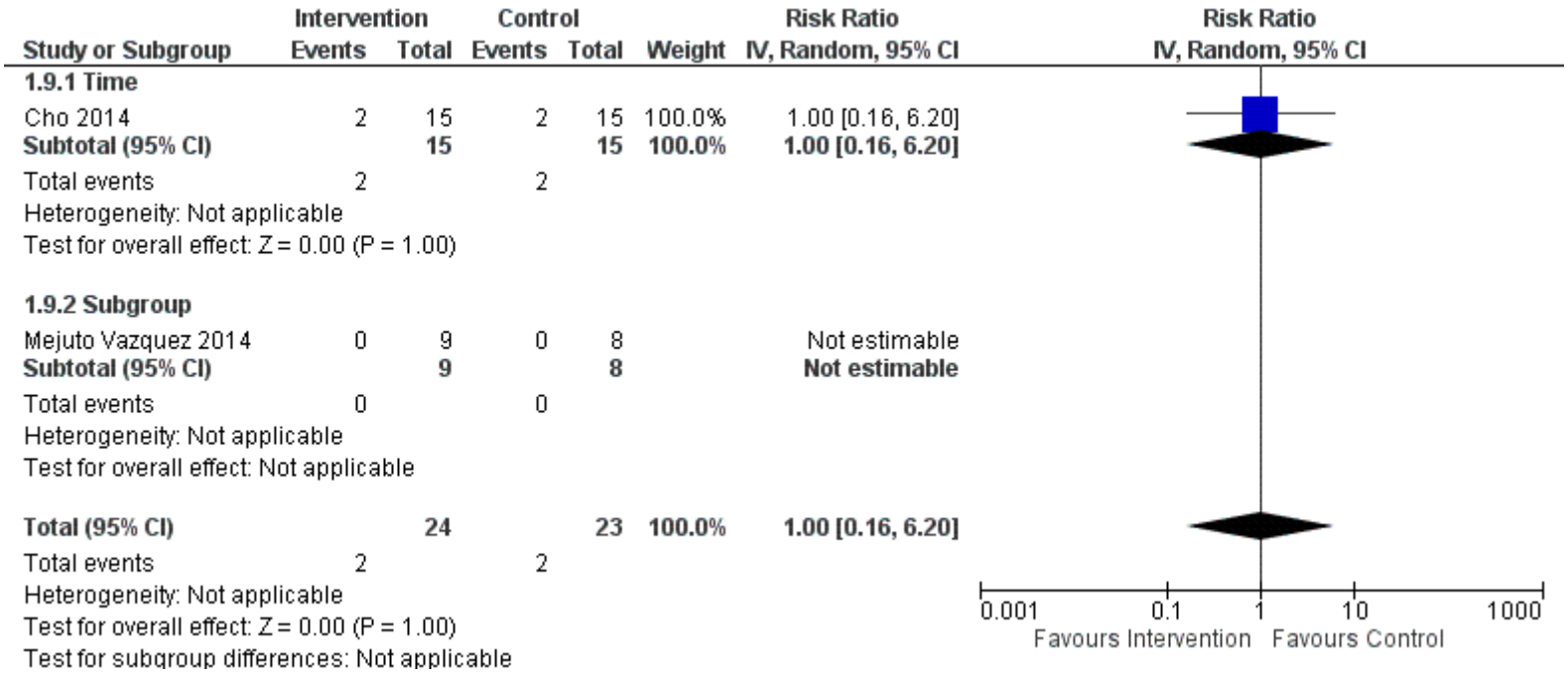
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.3 Funktionsevne (level of function) 4-12 ugers follow-up.

Figure 4 (Analysis 1.4)



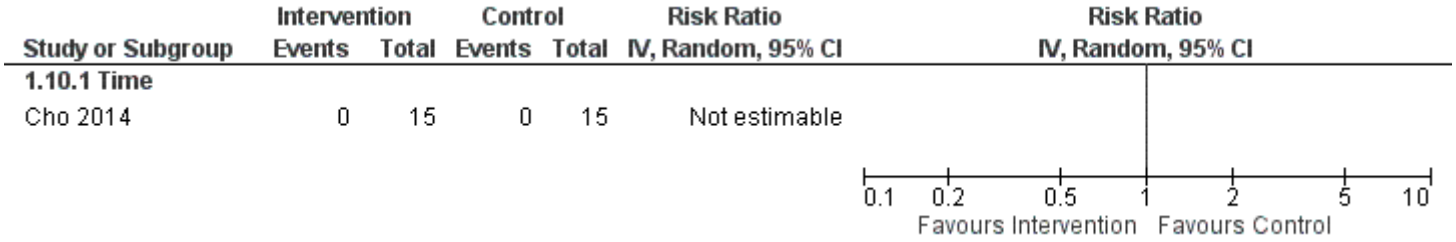
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.4 Livskavlitet (Quality of life) 4-12 ugers follow-up.

Figure 5 (Analysis 1.9)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.9 Frafald (droput) End of treatment.

Figure 6 (Analysis 1.10)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.10 Infektioner (infections) Under behandling.