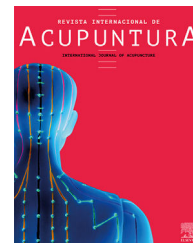




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ARTÍCULO ESPECIAL

Análisis de los resultados publicados sobre las afecciones para las que la acupuntura tiene distinto grado de evidencia como opción terapéutica

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PALABRAS CLAVE

Acupuntura;
Evidencia científica;
Revisión sistemática

KEYWORDS

Acupuncture;
Scientific evidence;
Systematic review

Resumen Este artículo presenta, de forma visual y gráfica, los resultados publicados sobre las afecciones para las que la acupuntura tiene distinto grado de evidencia como opción terapéutica, según las agencias de evaluación de tecnologías sanitarias que conforman REDETS (Red Española de Agencias de Evaluación de Tecnologías Sanitarias y Prestaciones del Sistema Nacional de Salud), organismos internacionales y sociedades expertas en acupuntura. El grado de evidencia se ha clasificado en 4 niveles, unificando los distintos niveles empleados en los trabajos de los distintos organismos, y se han añadido casi 300 referencias de revisiones sistemáticas extraídas de la base de datos de PubMed.

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Analysis of published results on conditions for which acupuncture has varying degrees of evidence as a therapeutic option

Abstract This article presents, visually and graphically, the results published on the conditions for which acupuncture has different levels of evidence for being a therapeutic option, according to the health technology assessment agencies that make up the REDETS (Red Española de Agencias de Evaluación de Tecnologías Sanitarias y Prestaciones del Sistema Nacional de Salud), international organizations and societies with expertise in acupuncture. The degree of evidence has been classified into 4 levels, unifying the different levels used in the work of the different organizations, and almost 300 references to systematic reviews extracted from the PubMed database have been added.

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Una de las preocupaciones más comunes en las ciencias sanitarias es conocer la evidencia del efecto de una intervención para poder recomendar de forma correcta la más adecuada para cada paciente. La evidencia de eficacia determina la validez de todas las intervenciones en salud y la acupuntura, como intervención terapéutica, no es distinta en este aspecto.

Desde el desarrollo de los estudios de la plausibilidad biológica a principios de la década de 1970, y a la par del desarrollo de la medicina basada en la evidencia, diferentes organismos y partes interesadas fueron desarrollando informes sobre las afecciones para las que existía “evidencia” sobre la acupuntura.

Cuando en el año 2018 el Ministerio de Sanidad, Consumo y Bienestar Social y el Ministerio de Ciencia, Innovación y Universidades publicaron su “Plan para la protección de la salud frente a las pseudoterapias”, parecía que se iba a valorar por primera vez la acupuntura. De entrada, y de forma errónea, asesorados por partes interesadas con motivación desconocida, se incluyó la acupuntura entre dichas intervenciones sin evidencia. Igualando a la acupuntura con intervenciones de lo más peregrinas (orinoterapia, aura soma, constelaciones sistémicas, cuencos de cuarzo, etc.). Por no haber actuado con transparencia, y dejando de invitar a participar a los expertos en el tema, no se percataron de que la acupuntura ya tenía muchas evaluaciones previas realizadas por distintos organismos. Incluso el documento en el que se basaron para el listado de las intervenciones es un documento del Ministerio de Sanidad sobre terapias naturales (2011) con un análisis del Instituto de Salud Carlos III (ISCIII) que en ese momento (2009) reconocía la evidencia favorable para la acupuntura en distintas afecciones. Por esas fechas, tratando de quedar como una persona que solo va a seguir las recomendaciones de la ciencia, la ministra de sanidad del momento comentó “que se aceptaría y se haría lo que la Red Española de Agencias de Evaluación de Tecnologías Sanitarias y Prestaciones del Sistema Nacional de Salud (REDETS) decidiera en su análisis sobre la evidencia de las intervenciones incluidas en el Plan...”.

Finalmente, en la reunión celebrada en noviembre de 2021 con autoridades de la Organización Médica Colegial se comentaron dos asuntos que han llevado a la elaboración de este documento:

- En primer lugar querían que todas las partes involucradas (no solo las agencias de evaluación de tecnologías sanitarias que conforman REDETS) participasen en la decisión final; es decir, todas las agencias y organismos nacionales e internacionales que hubiesen emitido algún documento al respecto.

- En segundo lugar, y debido a la complejidad de la lectura y la interpretación de los datos, se solicitó que se pudiesen exponer los resultados de una forma más clara y visual.

Para mí fue una sorpresa, yo siempre he pensado que para dejar de considerar la acupuntura una “pseudoterapia” sería suficiente con la valoración experta e independiente de las agencias que conforman REDETS.

El presente documento se ha configurado teniendo en cuenta estos aspectos y, utilizando los análisis de evidencia de efecto efectuados por distintas agencias y organismos, se ha procedido a incluir de forma visual y gráfica (tabla 1) los

resultados publicados sobre las afecciones para las que la acupuntura tiene distinto grado de evidencia como opción terapéutica.

Los informes proceden de:

- Agencias de evaluación de tecnologías sanitarias que conforman REDETS: AETSA 2007a,b,c; ISCIII 2011; AQUAS 2016; AETSA 2020 (provisional).

- Organismos internacionales –Organización Mundial de la Salud (WHO 2002); US Department of Veterans Affairs (VA 2014 y 2022), National Clearinghouse for Korean Medicine (NIKOM 2019-2022), Academic Consortium Pain Task Force (ACPTF 2022)– o autores en estrecha colaboración con la fundación Epistemonikos (Lu et al, 2022).

- Sociedades expertas en el tema como la Sociedad de Acupuntura Médica de España (SAME 2018) o la Australian Acupuncture and Chinese Medicine Association (AACMA 2017).

Asimismo, es importante reseñar que los objetivos de las agencias y organismos no han sido uniformes. En algunos casos se llevó a cabo un análisis en paraguas, es decir preguntándose para qué afecciones había evidencia de que la acupuntura podía ser una opción terapéutica. En este grupo se incluyen los siguientes estudios: WHO 2002, ISCIII 2011, VA 2014, AQUAS 2016, AACMA 2017, SAME 2018, NIKOM 2019-2022 y Lu et al, 2022. Por otra parte, se han publicado informes que han buscado si existe evidencia de la eficacia de la acupuntura en determinadas afecciones. En este grupo se incluyen los informes de AETSA 2007a,b,c; AETSA 2020 y ACPTF 2022. Es importante señalar que las guías clínicas de NIKOM se basan en la evidencia y la graduación según criterios GRADE (Grading of Recommendations, Assessment, Development and Evaluation), por lo que se considera que están en lo más alto de la pirámide de jerarquía de la evidencia (agradecimiento al Dr. Dongwoo Nam por su asistencia). En el trabajo de Lu et al publicado en 2022 se incluyó un mapa de evidencia de 120 revisiones sistemáticas/metaanálisis publicados entre los años 2015 y 2020 y se reconoció la necesidad de una divulgación más asertiva de la evidencia encontrada.

En la tabla 1 se ha clasificado el nivel de evidencia con números, unificando los distintos niveles empleados en los trabajos de los distintos organismos en 4 niveles:

1. evidencia de efecto positivo.
2. evidencia de potencial efecto positivo.
3. evidencia no clara/insuficiente.
4. sin evidencia de efecto.

Finalmente, se han añadido casi 300 referencias de revisiones sistemáticas sobre las afecciones incluidas; extraídas de la base de datos de PubMed. Dichas referencias se han limitado a los años 2019, 2020 y 2021 por ser el 2019 el último año analizado por una agencia (AETSA 2020) y a sabiendas de que en relación con algunas afecciones van a quedar años sin analizar: los que transcurren desde el fin del período de análisis de muchas agencias hasta el año 2019. Es muy destacable el número de publicaciones que se han realizado en tan corto intervalo de tiempo, pero así es la realidad en la ciencia de la acupuntura. Esto tiene importancia para aclarar un concepto utilizado de forma errónea con demasiada frecuencia: decir que una terapia

Tabla 1 Resultados publicados sobre las afecciones para las que la acupuntura tiene distinto grado de evidencia* como opción terapéutica

Afección	Informe, año (referencia)										Revisiones sistemáticas a partir de 2019 (referencias)				
	WHO, 2002 ¹	AETSA, 2007a ²	AETSA, 2007b ³	AETSA, 2007c ⁴	ISCIII, 2011 ⁵	VA, 2014 ⁶	AQUAS, 2016 ⁷	AACMA, 2017 ⁸	SAME, 2018 ⁹	AETSA, 2020 ¹⁰		NIKOM, 2019-2022 ¹¹	ACPTF, 2022 ¹²	Lu et al., 2022 ¹³	VA, 2022 ¹⁴
Cefalea	1		2		2	1	1	1	1					1	15-18
Migraña					2	1	1	1			1 ¹⁹	1	2	1	20-26
Migraña sin aura					2	1	1	1					2	2	
Dolor crónico		3				1	1							4	27-38
Dolor agudo												1			
Dolor posoperatorio agudo											1				
Dolor agudo traumático y en urgencias											1			2	
Dolor agudo en la UCI											1				
Dismenorrea	1	2			2	2	3				2 ³⁹	1	2	4	40-42
Osteoartritis					2	2			3						
Artrosis de rodilla		1			3		1	1	1		1 ⁴³				44-48
Artrosis de cadera		3							3		1 ⁵⁰		2		49
Osteoporosis													2		
Osteoporosis en la menopausia													2		
Esquince de tobillo	1					2	2							4	51
Esquince de tobillo (adultos)							3								
Esquince															
Esquince multilocalización															
Dolor general						2	2	2							
Dolor oncológico	2	3				2	2	2						2	53,54
Dolor neuropático		3				2	2	2				2		2	55-64
Dolor de rodilla	1													4	65-67
Dolor de cadera														4	68,69
Dolor de parto						2	2	2						1	70-72
Prostatitis	2		3											1	74,75
Dolor de la ATM	1				3	2	2	2	1		1 ⁷³			1	76
Fascitis plantar						2	2	2							
Síndrome femoropatelar			2												
Artritis gotosa	2														
Síndrome de dolor pélvico crónico													2		77
Dolor en el embarazo					2	3	3	2							

Tabla 1 (continuación)

Afección	Informe, año (referencia)										Revisiones				
	WHO, 2002 ¹	AETSA, 2007a ²	AETSA, 2007b ³	AETSA, 2007c ⁴	ISCIII, 2011 ⁵	VA, 2014 ⁶	AQUAS, 2016 ⁷	AACMA, 2017 ⁸	SAME, 2018 ⁹	AETSA, 2020 ¹⁰	NIKOM, 2019-2022 ¹¹	ACPTF, 2022 ¹²	Lu et al, 2022 ¹³	VA, 2022 ¹⁴	sistemáticas a partir de 2019 (referencias)
Dolor lumbar y dolor pélvico durante el embarazo													1		
Dolor musculoesquelético													1	1	
Dolor lumbar crónico	1			1	1	3	1	1	1	1 ⁷⁸			1	2	79-85
Dolor lumbar agudo				3			2				1		2	2	86,87
Ciática	1						2					2			
Estenosis lumbar espinal							3			2 ⁸⁸					89,90
Dolor cervical	1	3				3	2	1	1	1 ⁹¹			1	2	92
Dolor de espalda	2				3					1 ⁹³				2	
Dolor por patología discal														2	
Neuralgia del trigémino primaria														2	
Neuralgia occipital														2	
Neuralgia postherpética	2			4										1	94-98
Herpes zóster														1	
Síndrome de dolor regional complejo	2	4													
Analgesia en cirugía ambulatoria				3		3	3								99-105
Anestesia en craneotomía															
Analgesia en endoscopia digestiva	2			3			2								
Dolor poscirugía						3	1					2	1		106,107
Recuperación resección cáncer de colon							2								
Gastroparesia poscirugía íleo poscirugía							3								108
Tiempo primer flato													2		
Tiempo primera defecación													2		
Dolor tras cesárea														2	
Dolor dental poscirugía	1			1										4	
Convalecencia poscirugía										1 ¹⁰⁹					
Disfunción cognitiva poscirugía														2	
Prótesis de rodilla										1 ¹¹⁰			2		

Afección	Informe, año (referencia)											Revisiones sistemáticas a partir de 2019 (referencias)			
	WHO, 2002 ¹	AETSA, 2007a ²	AETSA, 2007b ³	AETSA, 2007c ⁴	ISCIII, 2011 ⁵	VA, 2014 ⁶	AQUAS, 2016 ⁷	AACMA, 2017 ⁸	SAME, 2018 ⁹	AETSA, 2020 ¹⁰	NIKOM, 2019-2022 ¹¹		ACPTF, 2022 ¹²	Lu et al, 2022 ¹³	VA, 2022 ¹⁴
Fibromialgia	2	2		3	3	3	3		1			1	1	1	111-113
Insomnio en fibromialgia													2		
Síndrome de fatiga crónica						3	3	3			1 ¹¹⁴		2	1	115
Artritis reumatoide	1	3			3	3	3		3						116-118
Dolor de hombro	1	2			3	3	2	1	1	1 ¹¹⁹			1	1	120,121
Hombro congelado							2						2	2	122
Túnel carpiano		4			4	4	3		1				2	2	123
Epicondilitis	1	3		3		2	2		3				2	2	124,125
Insomnio	2		2		3	2	2			1 ¹²⁶			2	2	127-140
Insomnio en pacientes en hemodiálisis													2		
Insomnio en ancianos														1	
Obesidad	2		3			2	2		1				2		141-147
Tabaco	2		3			2	2							1	148,149
Hasta 3 meses							2						2		
Más de 6 meses							3						2		
Náuseas/vómitos			2		1	2	1						2		150-154
posoperatorios															
Náuseas/vómitos	1		2		1	2	1		1						155,156
Síndrome de piernas inquietas						2	2		2						
Estreñimiento						2	2						2	1	157-159
Efectos secundarios del cáncer						3	3		1						160-166
Fatiga por cáncer															168-170
Insomnio por cáncer							3							2	
Psicología en cáncer							3								171
Sofocos en cáncer de mama			3				3						2		172-174
Xerostomía por cáncer							3								175,176
Dolor neuropático por cáncer		2													
Dolor y fatiga en neoplasia de mama															2 ¹⁷⁷
Calidad de vida en neoplasia de mama															2

Tabla 1 (continuación)

Afección	Informe, año (referencia)											Revisiones sistemáticas a partir de 2019 (referencias)		
	WHO, 2002 ¹	AETSA, 2007a ²	AETSA, 2007b ³	AETSA, 2007c ⁴	ISCI, 2011 ⁵	VA, 2014 ⁶	AQUAS, 2016 ⁷	AACMA, 2017 ⁸	SAME, 2018 ⁹	AETSA, 2020 ¹⁰	NIKOM, 2019-2022 ¹¹		ACPTF, 2022 ¹²	Lu et al., 2022 ¹³
Calidad de vida en pacientes con cáncer													4	
Náuseas y vómitos por cáncer												2		
Efectos secundarios de la quimioterapia	1							1						178,179
Náuseas y vómitos por quimioterapia		2		1			1							
Artralgia por inhibidores de la aromatasa							2					2	2	180
Neuropatía por quimioterapia							3						2	181,182
Mielosupresión por quimioterapia							3							183
Síndrome de colon irritable	3	3	3		3	3	2			1 ¹⁸⁴		1	1	185-190
Enfermedad inflamatoria intestinal							3						1	191
Dispepsia funcional	2						3			1 ¹⁹²		2	2	193-196
Úlcera péptica							3					2		
Dispepsia, gastroparesia diabética							3							
Gastroparesia sintomática												2	2	
Pancreatitis aguda													1	
Cólico biliar	1													197
Dolor abdominal	2													
Epigastralgia	1													
Síndrome premenstrual	2												2	
Rinitis	1									1 ¹⁹⁸		1		199-202
Rinofaringitis (resfriado común)										1 ²⁰³				
Enfermedad gastrointestinal														
HTA	1									1 ²⁰⁴				205,206
Síntomas de la menopausia		3					2	3		1 ²⁰⁷		2	2	208-210

Afección	Informe, año (referencia)											Revisiones sistemáticas a partir de 2019 (referencias)		
	WHO, 2002 ¹	AETSA, 2007a ²	AETSA, 2007b ³	AETSA, 2007c ⁴	ISCI, 2011 ⁵	VA, 2014 ⁶	AQUAS, 2016 ⁷	AACMA, 2017 ⁸	SAME, 2018 ⁹	AETSA, 2020 ¹⁰	NIKOM, 2019-2022 ¹¹	ACPTF, 2022 ¹²	Lu et al, 2022 ¹³	VA, 2022 ¹⁴
Sofocos durante la menopausia							2					2		211-213
Insomnio durante la menopausia												2		
Acúfenos		4				3	3	3					4	214
Hipoacusia súbita	3					3	3	3						215
Ejercicio						3	3	3						216,217
Ansiedad antes de la competición	2													
Calidad de vida						3	3							
Ojo seco						3	3	2				2		218,219
Xerostomía			3			3	3							
Síndrome de Sjögren primario	2						3							
Disfunción eréctil	2					3	3						2	220
Nauseas durante el embarazo	1	3				4	4	3	1				2	221-223
Depresión						2	2	2	1			2	2	224-228
Depresión posparto												2	2	229,230
Depresión durante el embarazo													1	
Ansiedad						2	2							232
Ansiedad preoperatoria								1					1	
Esquizofrenia	2					2	2							
Síndrome posttraumático	2					2	2							
Adicción a opioides			3			3	3	3					2	234
Adicción a drogas						3	3							
Adicción al alcohol						4	4	4				2		
Adicción a la cocaína	2					4	4	4						
Síndrome de abstinencia de drogas ilícitas						4	4	4					2	
Fertilidad	2													235-242
Calidad del esperma			2			3	3					2		243
Insuficiencia ovárica primaria	2						3							244,245
Técnicas de reproducción asistida													4	

Tabla 1 (continuación)

Afección	Informe, año (referencia)										Revisiones sistemáticas a partir de 2019 (referencias)			
	WHO, 2002 ¹	AETSA, 2007a ²	AETSA, 2007b ³	AETSA, 2007c ⁴	ISCIII, 2011 ⁵	VA, 2014 ⁶	AQJAS, 2016 ⁷	AACMA, 2017 ⁸	SAME, 2018 ⁹	AETSA, 2020 ¹⁰		NIKOM 2019-2022 ¹¹	ACPTF 2022 ¹²	Lu et al., 2022 ¹³
Dolor en punción ovárica							3						1	246
Síndrome de ovario poliquístico	2						3						2	247-249
Mioma uterino							3						2	250
Amenorrea secundaria						3							4	251
Neuropatía diabética						3							4	252
Neuropatía periférica	1		3			3								
Inducción del parto	1		3			3								
Versión cefálica del feto	1		3											
Lactancia posparto (24 h)												1		
> 72 h posparto												2		
Epilepsia			3			3	4							
Convulsión en niños	4													
Ictus	1		3			3	2			1 ²⁵³			1	254-268
Rehabilitación ictus						3	2							269-274
Insomnio post ictus						3	2							275,276
Omalgia post ictus							2					2		277-279
Espasticidad post ictus							2					2		280,281
Hipo post ictus							3							
Afasia post ictus												1		
Disartria post ictus												2	2	
Función motora y AVD												2		
Síndrome hombro-mano														
Deterioro cognitivo post ictus													1	
Depresión post ictus													2	
Incontinencia urinaria post ictus													2	
Asma crónica	2		3											282
Asma en adultos														
Asma en niños							2							
Parálisis facial	2		3			3	3			1 ²⁸³				284,285
Enfermedad de Ménière	2						3					2		
Vértigo periférico benigno										1 ²⁸⁶				
Vértigo cervical													2	

Afección	Informe, año (referencia)										Revisiones sistemáticas a partir de 2019 (referencias)				
	WHO, 2002 ¹	AETSA, 2007a ²	AETSA, 2007b ³	AETSA, 2007c ⁴	ISCI, 2011 ⁵	VA, 2014 ⁶	AQUAS, 2016 ⁷	AACMA, 2017 ⁸	SAME, 2018 ⁹	AETSA, 2020 ¹⁰		NIKOM, 2019-2022 ¹¹	ACPTF, 2022 ¹²	Lu et al, 2022 ¹³	VA, 2022 ¹⁴
Incontinencia urinaria						3	3	3	1						287-290
Incontinencia urinaria por estrés														1	
Enuresis nocturna		3													
Vejiga neurogéna	3														
Dolor vesical							3								
Cólico nefrítico	1														
Litiasis renal														4	
Infección de orina												2		1	
Paperas						3	3								
Servicios de urgencias															
Poli traumatismo										1 ²⁹¹				2	
Síndrome de estrés posttraumático														2	
Deterioro cognitivo sin demencia							3								292-297
Deterioro cognitivo leve													2		
Enfermedad de Alzheimer							3			1 ²⁹⁸					299-302
Demencia vascular	2						3								303
Enfermedad de Parkinson			3				3			1 ³⁰⁴		1			305-308
Esquizofrenia			3											2	
Angina de pecho	4						3							1	309-312
Insuficiencia cardíaca							3								313
Dermatitis atópica							3								314,315
Prurito	2						3								
Urticaria crónica							3								
Melasma							3								
Acné vulgar	2						3								
Lupus, fatiga							3								
Trastorno por déficit de atención							3								316,317
Autismo							3			1 ³¹⁸					319
Síndrome de Tourette														2	
Enfermedad renal crónica							3							2	320
Depresión en IRC														2	
Insomnio en IRC														2	

Tabla 1 (continuación)

Afección	Informe, año (referencia)										Revisiones sistemáticas a partir de 2019 (referencias)			
	WHO, 2002 ¹	AETSA, 2007a ²	AETSA, 2007b ³	AETSA, 2007c ⁴	ISCI, 2011 ⁵	VA, 2014 ⁶	AQUAS, 2016 ⁷	AACMA, 2017 ⁸	SAME, 2018 ⁹	AETSA, 2020 ¹⁰		NIKOM, 2019-2022 ¹¹	ACPTF, 2022 ¹²	Lu et al., 2022 ¹³
EPOC														321,322
Síndrome de apnea del sueño	4													2
Lesión espinal														323-325
Retención urinaria por lesión espinal														
Reflejo nauseoso en el dentista														
Glaucoma														326
Miopia														327
Encefalopatía hipóxica neonatal														
Esclerosis múltiple	2													328,329
Lesión cerebral traumática														
Enfermedad arterial periférica														
Síndrome de Raynaud primario	2													1 ³³⁰
Colelitiasis, colecistitis	2													331
Coma	4													332
Diarrea niños	4													
Encefalitis viral	4													
Parálisis bulbar progresiva y pseudobulbar	4													
Desarrollo óseo y crecimiento														2 ³³³

ATM: articulación temporomandibular; AVD: actividades de la vida diaria; EPOC: enfermedad pulmonar obstructiva crónica; HTA: hipertensión arterial; IRC: insuficiencia renal crónica; UCI: unidad de cuidados intensivos.

*1: evidencia de efecto positivo. 2: evidencia de potencial efecto positivo. 3: evidencia no clara/insuficiente. 4: sin evidencia de efecto.

puede tener evidencia para una afección pero no para otra y, en consecuencia, considerarla una "pseudoterapia". En algunas esferas esto parece ser un problema, aunque en el campo de la medicina es un sinsentido. Lo correcto sería decir que una determinada intervención tiene indicación para una afección y no tiene indicación para otras. De otra manera, el listado de "pseudoterapias" sería tan amplio como el número de intervenciones de salud existente.

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