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Acupoint herbal patching for allergic rhinitis: a systematic review and meta-analysis of randomised controlled trialsFen Zhou, Lijiao Yan, Guoyan Yang,
Jianping Liu

Beijing University of Chinese Medicine

Purpose: Acupoint herbal patching (AHP) is extensively used in treatment of allergic rhinitis in China. However, existing systematic review is insufficient. To evaluate the effectiveness and safety of AHP in treating allergic rhinitis.

Methods: We searched seven electronic databases for RCTs from inception until August 2014. Two authors selected studies, extracted data and evaluated risk of bias independently. The Cochrane risk of bias tool was applied to assess the methodological quality of the included trials and RevMan 5.2 software was utilised to perform data analysis.

Results: Twenty RCTs involving 2438 participants were included. Most of them were evaluated as high risk of bias. AHP significantly decreased the recurrence rate at six months compared with western medicine (RR 0.52; 95% CI 0.42 to 0.64), and similar effect was found for AHP plus western medicine versus western medicine (RR 0.53; 95% CI 0.44 to 0.65). AHP appeared to be more effective than placebo in improving total clinical symptoms and signs after treatment and at 6 months, and in improving quality of life at less than 3 months and over 3 months. No severe adverse effects were found in the AHP groups.

Conclusion: AHP alone or combined with western medicine appears to be more effective than placebo or western medicine respectively. AHP seems to be a safe treatment. However, the findings should be interpreted with caution. Further large-scale, rigorously designed trials are warranted to confirm the findings.

Contact: Jianping Liu, Jianping_l@hotmail.com

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Acupoint Herbal Patching with or without Conventional Treatment for Stable Chronic Obstructive Pulmonary Disease: a Systematic Review of RCT

Fen Zhou, Yawei Shan, Jianping Liu

Beijing University of Chinese Medicine

Purpose: Acupoint herbal patching (AHP) alone or as an adjuvant therapy with conventional treatment (CT) has been widely used for prevention and treatment of chronic obstructive pulmonary disease (COPD). However, current clinical evidence from systematic review of randomized trials is lacking. To evaluate the effectiveness and safety of AHP with or without CT for people with COPD at stable stage.

Methods: We searched randomized trials comparing AHP (with or without CT) with no intervention, placebo, or CT from six databases. Two authors selected studies, extracted data and evaluated risk of bias of included trials. RevMan 5.2 software was used to analysis data.

Results: Twenty two randomized trials (2469 participants) were included. Combination of non sanfu (no fixed dates) AHP and CT significantly decreased the frequency of acute exacerbation of COPD (AECOPD) (MD: -1.24; 95%CI: -2.02 to -0.46; 2 trials), and improved the lung function parameters and quality of life. The combination showed no better effect in 6-minute walking distance (6MWD) and hospitalization. In addition, sanfu (specific dates in lunar calendar) AHP with CT had significant effect for 6MWD. One trial reported skin irritation and found no significant difference between two groups. Another trial reported two patients had eyes discomfort, which was inferred as the adverse effects of seretide.

Conclusion: AHP used as adjunct to CT, appears to be effective than CT alone in patients with stable COPD. However, further large, rigorously designed trials are warranted to confirm these potential effects.

Contact: Jianping Liu, Jianping_l@hotmail.com

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