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| **Acupuncture compared to sham acupuncture for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture**Comparison:** Sham acupuncture |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Sham acupuncture** | **Acupuncture** |  |  |  |  |
| **Functional status**CTQ-FSS |  | The mean functional status in the intervention groups was**8 lower**(24.44 lower to 8.44 higher) |  | 43(1 study) | ⊕⊕⊝⊝**low** |  |
| **Symptom severity**CTQ-SSS |  | The mean symptom severity in the intervention groups was**4.30 lower**(17.90 lower to 9.30 higher) |  | 43(1 study) | ⊕⊝⊝⊝**very low** |  |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **CTQ-SSS**: the Boston Carpal Tunnel Questionnaire’s symptom severity scale; **CTQ-FSS**: CTQ’s functional status scale. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |

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| **Acupuncture compared to night splints for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture**Comparison:** Night splints |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Night splints** | **Acupuncture** |  |  |  |  |
| **Symptom severity**CTQ-SSS |  | The mean symptom severity in the intervention groups was**0.09 lower**(0.32 lower to 0.14 higher) |  | 60(1 study) | ⊕⊕⊝⊝**low** |  |
| **Functional status**CTQ-FSS |  | The mean functional status in the intervention groups was**0.04 lower**(0.26 lower to 0.18 higher) |  | 60(1 study) | ⊕⊝⊝⊝**very low** |  |
| **VAS** |  | The mean VAS in the intervention groups was**9.63 lower**(19.27 lower to 0.01 higher) |  | 60(1 study) | ⊕⊝⊝⊝**very low** |  |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **CTQ-SSS**: the Boston Carpal Tunnel Questionnaire’s symptom severity scale; **CTQ-FSS**: CTQ’s functional status scale; **VAS**: the visual analog scale. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |

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| **Acupuncture compared to medicine for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture**Comparison:** Medicine |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Medicine** | **Acupuncture** |  |  |  |  |
| **Symptom severity**GSS |  | The mean symptom severity in the intervention groups was**0.6 lower**(2.12 lower to 0.92 higher) |  | 77(1 study) | ⊕⊕⊝⊝**low** |  |
| **CAMP** |  | The mean CAMP in the intervention groups was**1.02 lower**(2.02 lower to 0.03 lower) |  | 179(3 studies) | ⊕⊝⊝⊝**very low** |  |
| **DML** |  | The mean DML in the intervention groups was**0.31 lower**(0.96 lower to 0.34 higher) |  | 179(3 studies) | ⊕⊝⊝⊝**very low** |  |
| **DSL** |  | The mean DSL in the intervention groups was**0.05 lower**(0.78 lower to 0.69 higher) |  | 129(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **MNCV** |  | The mean MNCV in the intervention groups was**3.57 lower**(13.79 lower to 6.65 higher) |  | 129(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **SNCV** |  | The mean SNCV in the intervention groups was**1.12** **lower**(6.39 lower to 4.14 higher) |  | 179(3 studies) | ⊕⊝⊝⊝**very low** |  |
| **SNAP** |  | The mean SNAP in the intervention groups was**3.14 lower**(6.84 lower to 0.56 higher) |  | 129(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **Responder rate** | **Study population** | **RR 1.1** (0.86 to 1.4) | 50(1 study) | ⊕⊝⊝⊝**very low** |  |
| **800 per 1000** | **880 per 1000**(688 to 1000) |
| **Moderate** |
| **800 per 1000** | **880 per 1000**(688 to 1000) |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **RR:** Risk ratio; **GSS**: the global symptoms score; **CAMP:** compound muscle action potential; **DML**: distal motor latency; **DSL**: distal sensory latency; **MNCV**: motor nerve conduction velocity; **SNCV**: sensory nerve conduction velocity; **SNAP**: sensory nerve action potential. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |

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| **Acupuncture plus night splints compared to sham acupuncture plus night splints for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture plus night splints**Comparison:** Sham acupuncture plus night splints |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Sham acupuncture night splints** | **Acupuncture plus night splints** |  |  |  |  |
| **Symptom severity**CTQ-SSS |  | The mean symptom severity in the intervention groups was**0.20 lower**(0.75 lower to 0.35 higher) |  | 41(1 study) | ⊕⊕⊝⊝**low** |  |
| **Functional status**CTQ-FSS |  | The mean functional status in the intervention groups was**0.00 lower**(0.64 lower to 0.64 higher) |  | 41(1 study) | ⊕⊕⊝⊝**low** |  |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **CTQ-SSS**: the Boston Carpal Tunnel Questionnaire’s symptom severity scale; **CTQ-FSS**: CTQ’s functional status scale. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |

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| **Acupuncture plus night splints compared to medicine plus night splints for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture plus night splints**Comparison:** Medicine plus night splints |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Medicine+Night splints** | **Acupuncture+Night splints** |  |  |  |  |
| **Symptom severity**CTQ-SSS/GSS |  | The mean symptom severity in the intervention groups was**1.15 standard deviations lower**(1.58 to 0.72 lower) |  | 99(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **Functional status**CTQ-FSS |  | The mean functional status in the intervention groups was**1.84 lower**(2.66 to 1.02 lower) |  | 50(1 study) | ⊕⊕⊝⊝**low** |  |
| **MNCV** |  | The mean MNCV in the intervention groups was**1.76 higher**(0.68 to 2.84 higher) |  | 50(1 study) | ⊕⊕⊝⊝**low** |  |
| **DML** |  | The mean DML in the intervention groups was**0.2 lower**(0.43 lower to 0.03 higher) |  | 50(1 study) | ⊕⊕⊝⊝**low** |  |
| **DSL** |  | The mean DSL in the intervention groups was**0.26 lower**(0.37 to 0.15 lower) |  | 50(1 study) | ⊕⊕⊝⊝**low** |  |
| **VAS** |  | The mean VAS in the intervention groups was**0.84 lower**(1.25 to 0.43 lower) |  | 50(1 study) | ⊕⊕⊝⊝**low**2,3,4 |  |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **CTQ-SSS**: the Boston Carpal Tunnel Questionnaire’s symptom severity scale; **CTQ-FSS**: CTQ’s functional status scale; **MNCV**: motor nerve conduction velocity; **DML**: distalmotor latency; **DSL**: distal sensory latency; **VAS**: the visual analog scale. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |

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| **Acupuncture plus night splints compared to night splints for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture plus night splints**Comparison:** Night splints |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Night splints** | **Acupuncture plus night splints** |  |  |  |  |
| **Symptom severity** CTQ-SSS |  | The mean symptom severity in the intervention groups was**0.13** **standard deviations lower**(0.59 lower to 0.32 higher) |  | 225(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **Functional status**CTQ-FSS |  | The mean functional status in the intervention groups was**0.2 standard deviations lower**(0.87 lower to 0.46 higher) |  | 225(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **Functional status**DASH (change) |  | The mean functional status in the intervention groups was**0.40 standard deviations lower**(0.68 to 0.13 lower) |  | 208(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **VAS** |  | The mean VAS in the intervention groups was**1.65 lower**(3.05 to 0.26 lower) |  | 252(3 studies) | ⊕⊕⊝⊝**low** |  |
| **CMAP** |  | The mean CMAP in the intervention groups was**1.31 higher**(1.04 lower to 3.66 higher) |  | 71(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **MNCV** |  | The mean MNCV in the intervention groups was**1.81 higher**(0.55 lower to 4.18 higher) |  | 71(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **DML** |  | The mean DML in the intervention groups was**0.05 higher**(0.33 lower to 0.43 higher) |  | 71(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **SNAP** |  | The mean SNAP in the intervention groups was**3.2 higher**(0.73 lower to 7.13 higher) |  | 27(1 study) | ⊕⊝⊝⊝**very low** |  |
| **SNCV** |  | The mean SNCV in the intervention groups was**0.24 higher**(2.2 lower to 2.67 higher) |  | 71(2 studies) | ⊕⊝⊝⊝**very low** |  |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **CTQ-SSS**: the Boston Carpal Tunnel Questionnaire’s symptom severity scale; **CTQ-FSS**: CTQ’s functional status scale; **DASH**: the disabilities of the arm, shoulder, and handquestionnaire; **VAS**: the visual analog scale; **CAMP**: compound muscle action potential; **MNCV**: motor nerve conduction velocity; **DML**: distal motor latency; **SMAP**: sensory nerve action potential; **SNCV**: sensory nerve conduction velocity; **DSL**: distal sensory latency. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |

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| **Acupuncture plus medicine compared to medicine for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture plus medicine**Comparison:** Medicine |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Medicine** | **Acupuncture plus medicine** |  |  |  |  |
| **Symptom severity**CTQ-SSS/GSS |  | The mean symptom severity in the intervention groups was**1.17 standard deviations lower**(2.31 to 0.03 lower) |  | 226(3 studies) | ⊕⊝⊝⊝**very low** |  |
| **Functional status**CTQ-FSS |  | The mean functional status in the intervention groups was**2.17 lower**(6.45 lower to 2.1 higher) |  | 166(2 studies) | ⊕⊝⊝⊝**very low** |  |
| **VAS** |  | The mean VAS in the intervention groups was**1.08 lower**(1.82 to 0.33 lower) |  | 60(1 study) | ⊕⊝⊝⊝**very low** |  |
| **SNAP** |  | The mean SNAP in the intervention groups was**2.53 higher**(1.63 to 3.44 higher) |  | 226(3 studies) | ⊕⊕⊝⊝**low** |  |
| **CMAP** |  | The mean CMAP in the intervention groups was**2.30 higher**(0.84 to 3.77 higher) |  | 226(3 studies) | ⊕⊝⊝⊝**very low** |  |
| **DML** |  | The mean DML in the intervention groups was**0.47 lower**(0.66 to 0.28 lower) |  | 226(3 studies) | ⊕⊝⊝⊝**very low** |  |
| **SNCV** |  | The mean SNCV in the intervention groups was**4.02 higher**(2.44 to 5.59 higher) |  | 226(3 studies) | ⊕⊝⊝⊝**very low** |  |
| **Responder rate** | **Study population** | **RR 1.2** (1.03 to 1.39) | 86(1 study) | ⊕⊝⊝⊝**very low** |  |
| **814 per 1000** | **977 per 1000**(838 to 1000) |
| **Moderate** |
| **807 per 1000** | **968 per 1000**(831 to 1000) |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **RR:** Risk ratio; **CTQ-SSS**: the Boston Carpal Tunnel Questionnaire’s symptom severity scale; **CTQ-FSS**: CTQ’s functional status scale; **GSS**: the global symptoms score; **VAS**: the visual analog scale; **CAMP**: compound muscle action potential; **SMAP**: sensory nerve action potential; **DML**: distal motor latency; **SNCV**: sensory nerve conduction velocity. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |

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| **Acupuncture plus medicine and night splints compared to medicine plus night splints for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture plus medicine plus night splints**Comparison:** Medicine plus night splints |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Medicine plus night splints** | **Acupuncture plus medicine and night splints** |  |  |  |  |
| **Symptom severity**CTQ-SSS |  | The mean symptom severity in the intervention groups was**5.67 lower**(7.82 to 3.52 lower) |  | 50(1 study) | ⊕⊝⊝⊝**very low** |  |
| **Functional status**CTQ-FSS |  | The mean functional status in the intervention groups was**0.70 lower**(1.41 lower to 0.01 higher) |  | 50(1 study) | ⊕⊝⊝⊝**very low** |  |
| **VAS** |  | The mean VAS in the intervention groups was**0.64 lower**(1.08 to 0.2 lower) |  | 50(1 study) | ⊕⊝⊝⊝**very low** |  |
| **DML** |  | The mean DML in the intervention groups was**0.22 lower**(0.48 lower to 0.04 higher) |  | 50(1 study) | ⊕⊝⊝⊝**very low** |  |
| **DSL** |  | The mean DSL in the intervention groups was**0.53 lower**(0.75 to 0.31 lower) |  | 50(1 study) | ⊕⊝⊝⊝**very low** |  |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **CTQ-SSS**: the Boston Carpal Tunnel Questionnaire’s symptom severity scale; **CTQ-FSS**: CTQ’s functional status scale; **VAS**: the visual analog scale; **DML**: distal motor latency; **DSL**: distal sensory latency. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |

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| **Acupuncture plus ultrashort wave therapy compared to ultrashort wave therapy for carpal tunnel syndrome** |
| **Patient or population:** Patients with carpal tunnel syndrome**Settings:** **Intervention:** Acupuncture plus ultrashort wave therapy**Comparison:** Ultrashort wave therapy |
| **Outcomes** | **Illustrative comparative risks\* (95% CI)** | **Relative effect(95% CI)** | **No of Participants(studies)** | **Quality of the evidence(GRADE)** | **Comments** |
| Assumed risk | Corresponding risk |
|  | **Ultrashort wave therapy** | **Acupuncture plus ltrashort wave therapy** |  |  |  |  |
| **Symptom severity**CTQ-SSS |  | The mean symptom severity in the intervention groups was**0.86 lower**(1.27 to 0.45 lower) |  | 48(1 study) | ⊕⊝⊝⊝**very low** |  |
| **Responder rate** | **Study population** | **RR 1.1** (0.89 to 1.36) | 48(1 study) | ⊕⊝⊝⊝**very low** |  |
| **833 per 1000** | **917 per 1000**(742 to 1000) |
| **Moderate** |
| **833 per 1000** | **916 per 1000**(741 to 1000) |
| \*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).**CI:** Confidence interval; **RR:** Risk ratio; **CTQ-SSS**: the Boston Carpal Tunnel Questionnaire’s symptom severity scale. |
| GRADE Working Group grades of evidence**High quality:** Further research is very unlikely to change our confidence in the estimate of effect. **Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.**Very low quality:** We are very uncertain about the estimate. |