LETTER

Efficacy of Acupuncture-Related Therapy for Migraine: A Systematic Review and Network Meta-Analysis [Letter]

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Dear editor

We are interested in the article entitled "Efficacy of Acupuncture-Related Therapy for Migraine: A Systematic Review and Network Meta-Analysis".[1] The study provides a comprehensive analysis of the efficacy of various acupuncture-related therapies in the treatment of migraine. However, the article has raised some attention on our part. We would like to pose some pertinent, worthwhile questions to the investigators.

Firstly, conducting a comprehensive literature search is an essential prerequisite for ensuring the reliability of a meta-analysis. The authors[1] reported in the results section an initial screening of 2981 potentially relevant studies. Figure 1 indicates a discrepancy in the reported number of studies identified through database searches. The total should be 3036 (90+794+681+582+314+141+133+50+251), rather than the stated 2981, highlighting a clear error in the data. Additionally, Figure 1 indicates that that after the authors read the titles and abstracts of 1867 articles, they excluded 1503 articles and should have obtained 364 articles after screening. It is worth noting that author screening resulted in only 337 relevant articles.[1] The error in Figure 1 from Liu et al has been outlined with a red box in Figure 1. Therefore, further verification by the authors is required.

Finally, the specific acupoints are the most valuable information for acupuncture therapy treatment of migraine. Confusingly, the authors did not provide detailed acupuncture parameters such as insertion depth, needle retention time, and needle frequency. In addition, we have a small suggestion that the names of the acupuncture points be able to follow the standards of the World Health Organisation.[2] For example Hegu (LI4), Fengchi (GB20), Zusanli (ST36), and Kunlun (BL60).

In conclusion, we express our sincere appreciation to Liu et al for their collaborative efforts in investigating the efficacy and safety of acupuncture in patients with migraine. They have made significant strides in this clinically relevant field. However, we would like to raise some questions that may contribute to enhancing the rigor and reliability of their research findings.
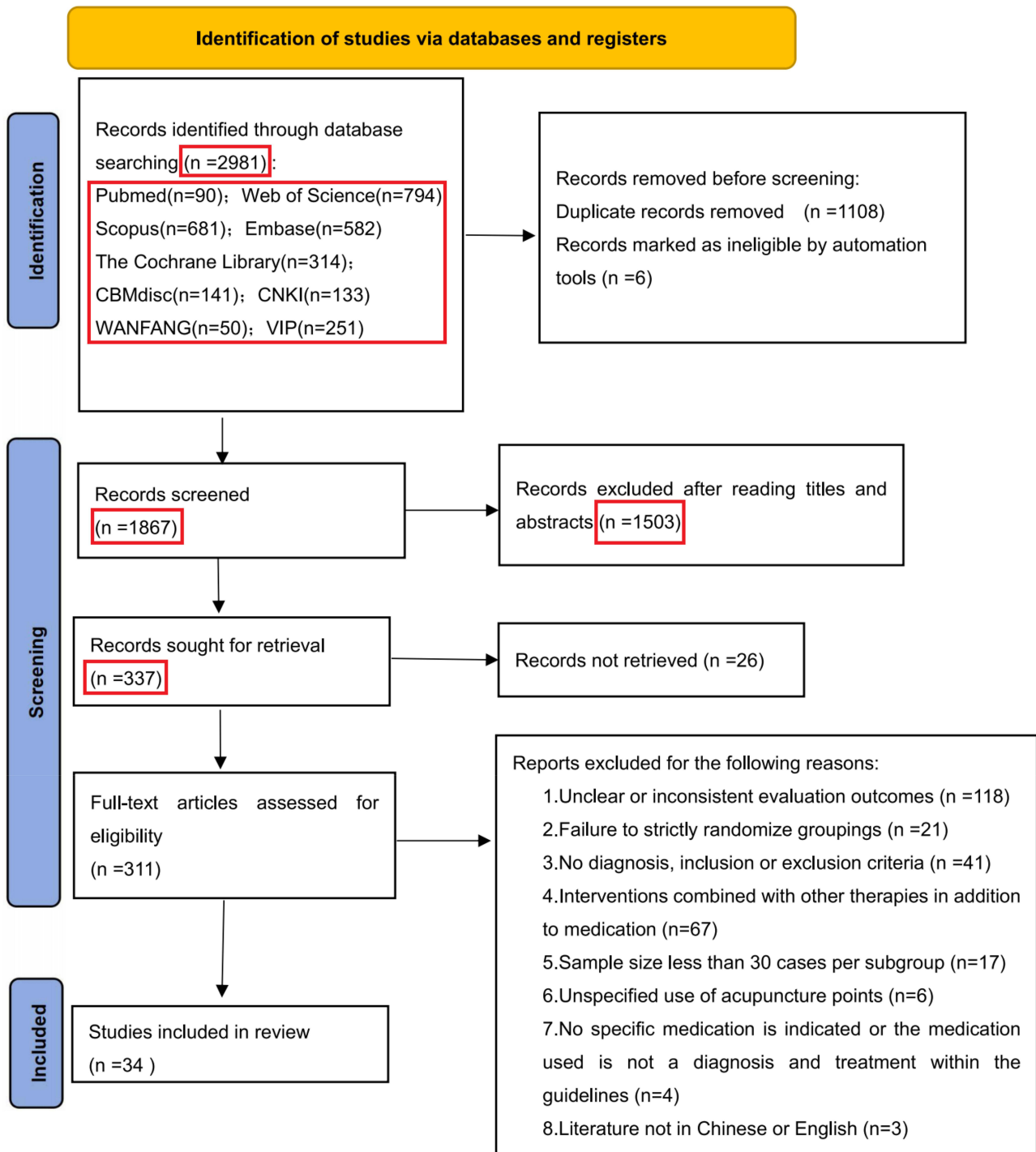
Identification of studies via databases and registers

Records identified through database searching (n =2981):
Pubmed(n=90); Web of Science(n=794)
Scopus(n=681); Embase(n=582)
The Cochrane Library(n=314);
CBMdisc(n=141); CNKI(n=133)
WANFANG(n=50); VIP(n=251)

Records removed before screening:
Duplicate records removed   (n =1108)
Records marked as ineligible by automation tools (n =6)

Records screened
(n =1867)

Records excluded after reading titles and abstracts (n =1503)

Records sought for retrieval
(n =337)

Records not retrieved (n =26)

Full-text articles assessed for eligibility
(n =311)

Reports excluded for the following reasons:
1.Unclear or inconsistent evaluation outcomes (n =118)
2.Failure to strictly randomize groupings (n =21)
3.No diagnosis, inclusion or exclusion criteria (n =41)
4.Interventions combined with other therapies in addition to medication (n=67)
5.Sample size less than 30 cases per subgroup (n=17)
6.Unspecified use of acupuncture points (n=6)
7.No specific medication is indicated or the medication used is not a diagnosis and treatment within the guidelines (n=4)
8.Literature not in Chinese or English (n=3)

Studies included in review
(n =34)

Figure 1 The PRISMA flowchart from the study conducted by Liu et al.[1] We indicated the data with errors using a red box.

Disclosure

The authors declare no conflicts of interest in this communication.

References

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