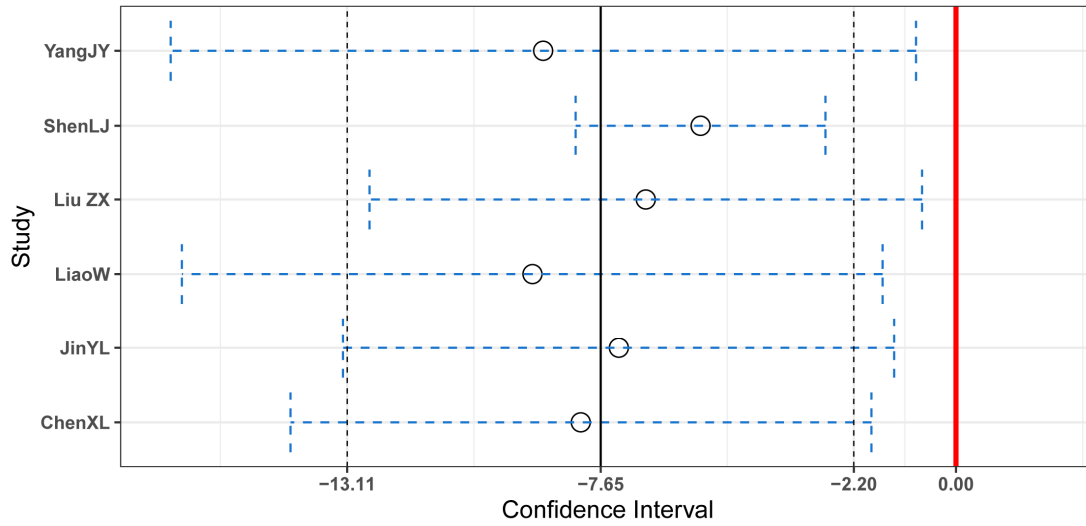


**Supplemental Table 1. PubMed search strategy**

Database	#1	"Dyspepsia"[Mesh]
Pubmed	#2	(((((Dyspepsias[Title/Abstract]) OR (Indigestion[Title/Abstract])) OR (Indigestions[Title/Abstract])) OR (Functional dyspepsia[Title/Abstract])) OR (non-ulcer dyspepsia[Title/Abstract])) OR (postprandial distress syndrome[Title/Abstract])) OR (epigastric pain syndrome[Title/Abstract])
	#3	#1 OR #2
	#4	"Acupuncture"[Mesh]
	#5	((((((((((Pharmacoacupuncture[Title/Abstract]) OR (Acupotomy Title/Abstract])) OR (Acupotomies[Title/Abstract])) OR (Pharmacopuncture Treatment[Title/Abstract])) OR (Needle[Title/Abstract])) OR (Needling[Title/Abstract])) OR (electroacupuncture[Title/Abstract])) OR (electro-acupuncture[Title/Abstract])) OR (auricular acupuncture[Title/Abstract])) OR (Ear Acupuncture[Title/Abstract])) OR (warm needle[Title/Abstract])) OR (Moxibustion[Title/Abstract])) OR (Acupuncture Points[Title/Abstract])) OR (Acupuncture Therapy[Title/Abstract])
	#6	#4 OR #5
	#7	randomized controlled trial[Publication Type] OR randomized[Title/Abstract] OR placebo[Title/Abstract]
	#8	#3 AND #6 AND #7
	Embase	#1
#2		'Pharmacoacupuncture':ab,ti OR 'Acupotomy':ab,ti OR 'Acupotomies':ab,ti OR 'Pharmacopuncture Treatment':ab,ti OR 'Needle':ab,ti OR 'Needling':ab,ti OR 'electroacupuncture':ab,ti OR 'electro-acupuncture':ab,ti OR 'auricular acupuncture':ab,ti OR 'Acupunctures, Ear':ab,ti OR 'Ear Acupuncture':ab,ti OR 'warm needle':ab,ti OR 'Moxibustion':ab,ti OR 'Acupuncture Points':ab,ti OR 'Acupuncture Therapy':ab,ti
#3		'randomized controlled trial':ab,ti OR 'randomized':ab,ti OR 'placebo':ab,ti OR 'RCT':ab,ti
#4		#1 AND #2 AND #3
Web of science	#1	TS=(Dyspepsia OR Dyspepsias OR Indigestion OR Indigestions OR Functional dyspepsia OR non-ulcer dyspepsia OR postprandial distress syndrome OR epigastric pain syndrome)
	#2	TS=(Acupuncture OR Pharmacoacupuncture OR Acupotomy OR Acupotomies OR Pharmacopuncture Treatment OR Needle OR Needling OR electroacupuncture OR electro-acupuncture OR auricular acupuncture OR Acupunctures, Ear OR Ear Acupuncture OR warm needle OR Moxibustion OR Acupuncture Points OR Acupuncture Therapy)
	#3	TS=(randomized controlled trial OR randomized OR placebo OR RCT)
	#4	#1 AND #2 AND #3
The Cochrane library	#1	(Dyspepsias):ab,ti,kw OR (Indigestion):ab,ti,kw OR (Indigestions):ab,ti,kw OR (Functional dyspepsia):ab,ti,kw OR (non-ulcer dyspepsia):ab,ti,kw OR (postprandial distress syndrome):ab,ti,kw OR (epigastric pain syndrome):ab,ti,kw
	#2	(Pharmacoacupuncture):ab,ti,kw OR(Acupotomy):ab,ti,kw OR (Acupotomies):ab,ti,kw OR(Pharmacopuncture Treatment):ab,ti,kw OR (Needle):ab,ti,kw

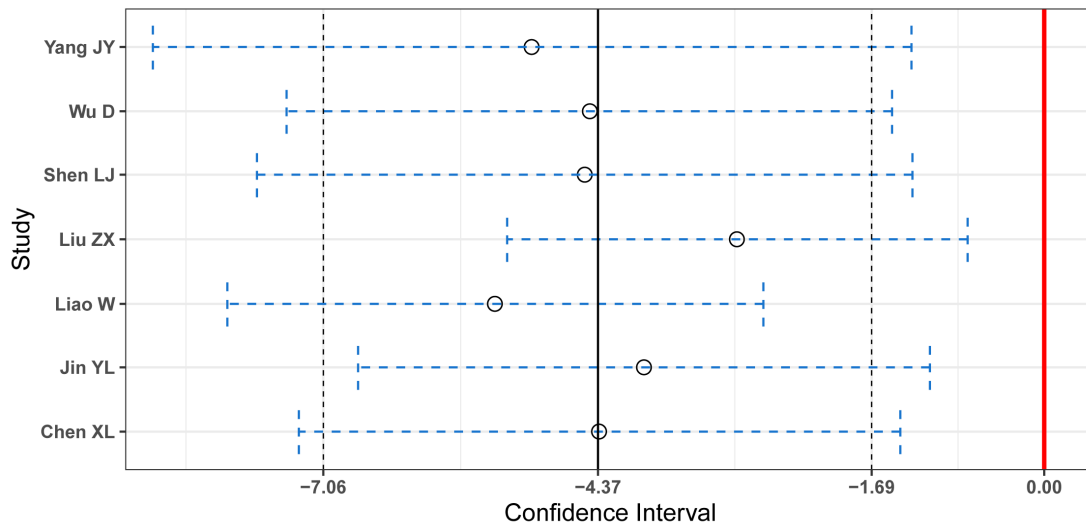
		OR(Needling):ab,ti,kw OR (electroacupuncture):ab,ti,kw OR(electro-acupuncture):ab,ti,kw OR (auricular acupuncture):ab,ti,kw OR(Acupunctures, Ear):ab,ti,kw OR (Ear Acupuncture):ab,ti,kw OR(warm needle):ab,ti,kw OR (Moxibustion):ab,ti,kw OR(Acupuncture Points):ab,ti,kw
	#3	(randomized controlled trial):ab,ti,kw OR(randomized):ab,ti,kw OR (placebo):ab,ti,kw OR(RCT):ab,ti,kw
	#4	# 1 AND #2 AND #3
CNKI	#1	篇关摘 = 消化不良 + 非溃疡性消化不良 + 非溃疡消化不良 + 功能性消化不良 + 餐后窘迫综合征 + 上腹疼痛综合征 + FD
	#2	篇关摘 =针灸 + 针刺 + 手针 + 体针 + 耳针 + 电针 + 火针 + 温针 + 艾灸 + 灸法 + 针 + 灸 + 穴 + 埋线
	#3	篇关摘 =随机对照实验 + 随机对照试验 + RCT + 随机对照 + 随机
	#4	#1 AND #2 AND #3
WanFang	#1	主题 = 消化不良 + 非溃疡性消化不良 + 非溃疡消化不良 + 功能性消化不良 + 餐后窘迫综合征 + 上腹疼痛综合征 + FD
	#2	主题 =针灸 + 针刺 + 手针 + 体针 + 耳针 + 电针 + 火针 + 温针 + 艾灸 + 灸法 + 针 + 灸 + 穴 + 埋线
	#3	主题 =随机对照实验 + 随机对照试验 + RCT + 随机对照 + 随机
	#4	#1 AND #2 AND #3
VIP	#1	题目或关键词 = 消化不良 OR 非溃疡性消化不良 OR 非溃疡消化不良 OR 功能性消化不良 OR 餐后窘迫综合征 OR 上腹疼痛综合征 OR FD
	#2	题目或关键词=针灸 OR 针刺 OR 手针 OR 体针 OR 耳针 OR 电针 OR 火针 OR 温针 OR 艾灸 OR 灸法 OR 针 OR 灸 OR 穴 OR 埋线
	#3	题目或关键词=随机对照实验 OR 随机对照试验 OR RCT OR 随机对照 OR 随机
	#4	#1 AND #2 AND #3
CBM	#1	"消化不良"[不加权:扩展]
	#2	"功能性消化不良"[常用字段:智能] OR "非溃疡性消化不良"[常用字段:智能] OR "非溃疡消化不良"[常用字段:智能] OR "上腹疼痛综合征"[常用字段:智能] OR "餐后窘迫综合征"[常用字段:智能] OR "FD"[常用字段:智能]
	#3	(#2) OR (#1)
	#4	(((((("针灸疗法"[不加权:扩展]) OR "温针疗法"[不加权:扩展]) OR "电针"[不加权:扩展]) OR "火针疗法"[不加权:扩展]) OR "灸法"[不加权:扩展]) OR "埋线"[不加权:扩展]) OR "穴位贴敷法"[不加权:扩展]) OR "耳穴贴压"[不加权:扩展]) OR "推拿"[不加权:扩展]) OR "针刺疗法"[不加权:扩展]
	#5	"针刺"[常用字段:智能] OR "电针"[常用字段:智能] OR "火针"[常用字段:智能] OR "温针"[常用字段:智能] OR "艾灸"[常用字段:智能] OR "埋线"[常用字段:智能] OR "贴敷"[常用字段:智能] OR "耳穴"[常用字段:智能] OR "推拿"[常用字段:智能] OR "中医外治"[常用字段:智能]
	#6	(#5) OR (#4)
	#7	随机对照试验[不加权:扩展]
	#8	"随机对照试验"[常用字段:智能] OR "随机对照实验"[常用字段:智能] OR "随机对照研究"[常用字段:智能] OR "随机对照"[常用字段:智能] OR "随机"[常用字段:智能] OR "RCT"[常用字段:智能]
	#9	(#8) OR (#7)
	#10	(#9) AND (#6) AND (#3)

### Sensitivity analysis of SAS

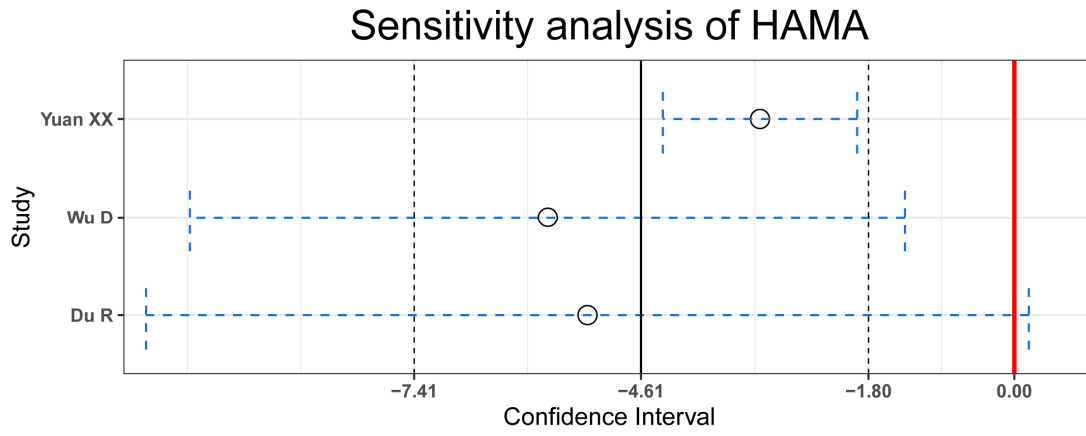


**Supplemental Fig 1. Sensitivity analysis of SAS**

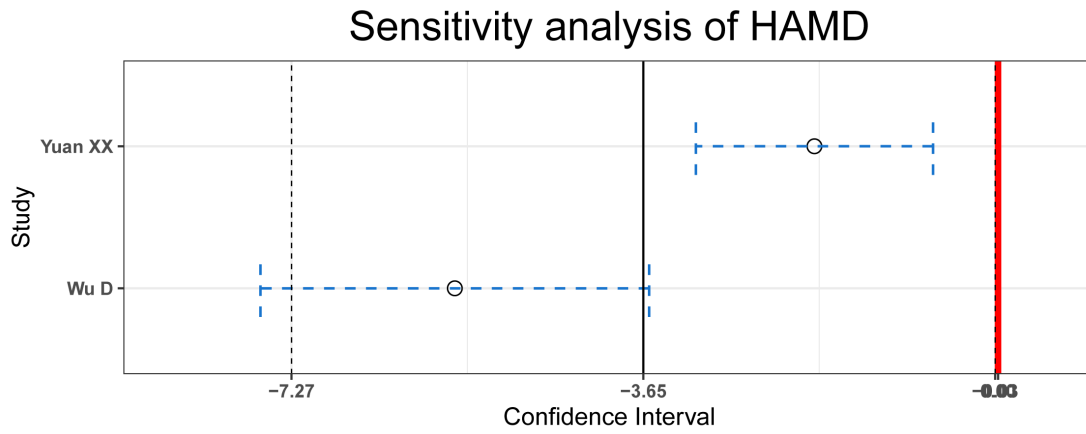
### Sensitivity analysis of SDS



**Supplemental Fig 2. Sensitivity analysis of SDS**

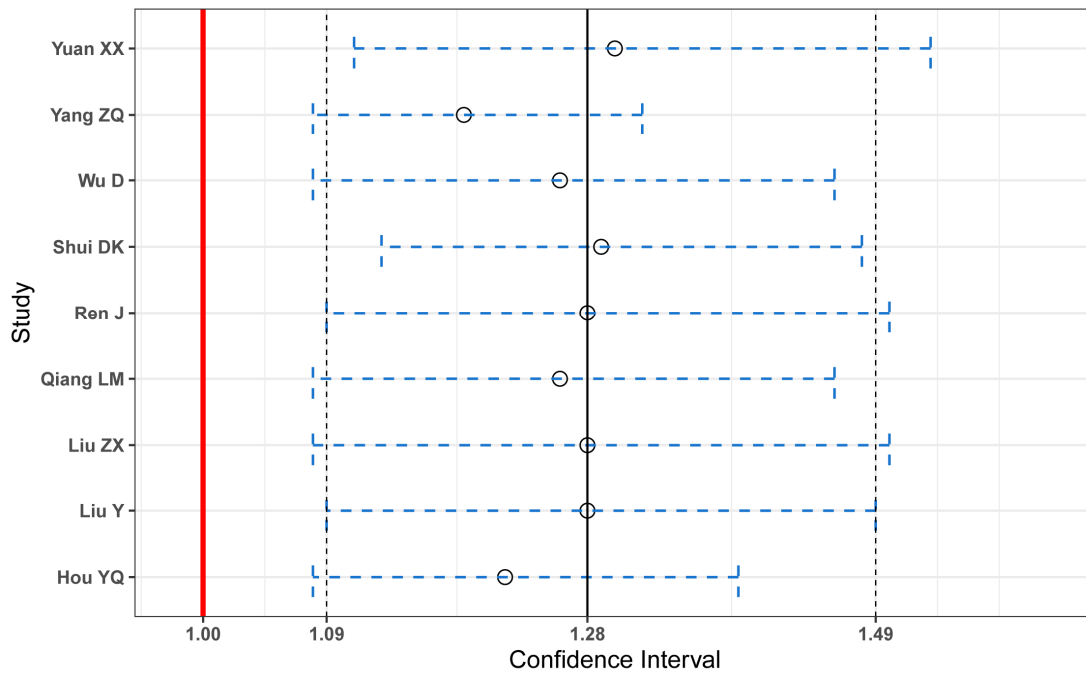


**Supplemental Fig 3. Sensitivity analysis of HAMA**



**Supplemental Fig 4. Sensitivity analysis of HAMD**

## Sensitivity analysis of Global Symptom



**Supplemental Fig 5. Sensitivity analysis of Global Symptom**

SAS for anxiety and depression in functional dyspepsia						
Patient or population: patients with anxiety and depression in functional dyspepsia						
Settings:						
Intervention: SAS						
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	SAS				
SAS_sub - Acupuncture vs. First-Line		The mean sas_sub - acupuncture vs. first-line in the intervention groups was <b>8.89 lower</b> (22.86 lower to 5.09 higher)		130 (2 studies)	⊕⊕⊕⊕ very low <sup>1,2,3,4</sup>	
SAS_sub - Acupuncture vs. First-line+Second-line		The mean sas_sub - acupuncture vs. first-line+second-line in the intervention groups was <b>6.49 lower</b> (18.16 lower to 5.2 higher)		180 (2 studies)	⊕⊕⊕⊕ very low <sup>1,2,3,4</sup>	
SAS_sub - Acupuncture vs. Placebo Acupuncture		The mean sas_sub - acupuncture vs. placebo acupuncture in the intervention groups was <b>7.07 lower</b> (11.03 to 3.1 lower)		83 (2 studies)	⊕⊕⊕⊕ very low <sup>2,3,5,6</sup>	

\*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;  
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.

<sup>1</sup> Blind method not described in detail  
<sup>2</sup> No detailed description of random methods or allocation of hidden methods  
<sup>3</sup> heterogeneity  
<sup>4</sup> Confidence interval is too wide  
<sup>5</sup> Per-Protocol analysis  
<sup>6</sup> Publication Bias

**Supplemental Fig 6. GRADE assessment for the SAS**

SDS for anxiety and depression in functional dyspepsia						
Patient or population: patients with anxiety and depression in functional dyspepsia						
Settings:						
Intervention: SDS						
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk SDS				
SDS_sub - Acupuncture vs. First-Line		The mean sds_sub - acupuncture vs. first-line in the intervention groups was <b>2.71 lower</b> (5.19 to 0.23 lower)		130 (2 studies)	⊕⊕⊕⊕ very low <sup>1,2,3</sup>	
SDS_sub - Acupuncture vs. First-line+Second-line		The mean sds_sub - acupuncture vs. first-line+second-line in the intervention groups was <b>5.02 lower</b> (17.4 lower to 7.36 higher)		180 (2 studies)	⊕⊕⊕⊕ very low <sup>1,2,3,4</sup>	
SDS_sub - Acupuncture vs. Placebo Acupuncture		The mean sds_sub - acupuncture vs. placebo acupuncture in the intervention groups was <b>4.63 lower</b> (6.28 to 2.98 lower)		173 (3 studies)	⊕⊕⊕⊕ low <sup>1,2,5</sup>	

\*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;

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.

<sup>1</sup> Blind method not described in detail  
<sup>2</sup> No detailed description of random methods or allocation of hidden methods  
<sup>3</sup> heterogeneity  
<sup>4</sup> Confidence interval is too wide  
<sup>5</sup> Per-Protocol analysis

## Supplemental Fig 7. GRADE assessment for the SDS

HAMA for anxiety and depression in functional dyspepsia						
Patient or population: patients with anxiety and depression in functional dyspepsia						
Settings:						
Intervention: HAMA						
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk HAMA				
HAMA_sub - Acupuncture vs. First-Line		The mean hama_sub - acupuncture vs. first-line in the intervention groups was <b>5.76 lower</b> (10.18 to 1.35 lower)		158 (2 studies)	⊕⊕⊕⊕ very low <sup>1,2,3</sup>	
HAMA_sub - Acupuncture vs. Placebo Acupuncture		The mean hama_sub - acupuncture vs. placebo acupuncture in the intervention groups was <b>2.58 lower</b> (4.33 to 0.83 lower)		90 (1 study)	⊕⊕⊕⊕ very low <sup>1,2,4</sup>	

\*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;

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.

<sup>1</sup> Blind method not described in detail  
<sup>2</sup> No detailed description of random methods or allocation of hidden methods  
<sup>3</sup> heterogeneity  
<sup>4</sup> Imprecision due to less research

## Supplemental Fig 8. GRADE assessment for the HAMA

HAMD for anxiety and depression in functional dyspepsia						
Patient or population: patients with anxiety and depression in functional dyspepsia						
Settings:						
Intervention: HAMD						
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	HAMD				
HAMD_sub - Acupuncture vs. First-Line		The mean hamd_sub - acupuncture vs. first-line in the intervention groups was <b>5.59 lower</b> (7.59 to 3.59 lower)		63 (1 study)	⊕⊕⊕⊕ <b>very low</b> <sup>1,2,3</sup>	
HAMD_sub - Acupuncture vs. Placebo Acupuncture		The mean hamd_sub - acupuncture vs. placebo acupuncture in the intervention groups was <b>1.89 lower</b> (3.11 to 0.67 lower)		90 (1 study)	⊕⊕⊕⊕ <b>low</b> <sup>1,3</sup>	

\*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.

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.

<sup>1</sup> Blind method not described in detail  
<sup>2</sup> No detailed description of random methods or allocation of hidden methods  
<sup>3</sup> Imprecision due to less research

## Supplemental Fig 9. GRADE assessment for the HAMD

HADS for anxiety and depression in functional dyspepsia						
Patient or population: patients with anxiety and depression in functional dyspepsia						
Settings:						
Intervention: HADS						
Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Control	HADS				
HADS		The mean hads in the intervention groups was <b>1 lower</b> (2.65 lower to 0.65 higher)		278 (1 study)	⊕⊕⊕⊕ <b>moderate</b> <sup>1</sup>	

\*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.

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.

<sup>1</sup> Imprecision due to less research

## Supplemental Fig 10. GRADE assessment for the HADS

**Efficiency for anxiety and depression in functional dyspepsia**

**Patient or population:** patients with anxiety and depression in functional dyspepsia

**Settings:**

**Intervention:** Efficiency

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk Efficiency				
Efficiency_sub - Acupuncture vs. First-Line	Study population		RR 1.11 (1.02 to 1.21)	335 (5 studies)	⊕⊕⊕⊖ low <sup>1,2</sup>	
	804 per 1000	892 per 1000 (820 to 972)				
	Moderate					
Efficiency_sub - Acupuncture vs. First-line+Second-line	Study population		RR 1.24 (1.04 to 1.47)	100 (1 study)	⊕⊕⊕⊖ very low <sup>1,2,3</sup>	
	760 per 1000	942 per 1000 (790 to 1000)				
	Moderate					
Efficiency_sub - Acupuncture vs. Placebo Acupuncture	Study population		RR 1.72 (1.14 to 2.61)	208 (3 studies)	⊕⊕⊕⊖ very low <sup>1,2,4,5</sup>	
	524 per 1000	902 per 1000 (598 to 1000)				
	Moderate					
	433 per 1000	745 per 1000 (494 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;

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.

<sup>1</sup> Blind method not described in detail

<sup>2</sup> No detailed description of random methods or allocation of hidden methods

<sup>3</sup> Imprecision due to less research

<sup>4</sup> Per-Protocol analysis

<sup>5</sup> heterogeneity

## Supplemental Fig 11. GRADE assessment for the Global Symptom