APPENDIX A. SEARCH STRATEGIES

PubMed
1 March 2013-present; English
Search Run: 22 April 2021

Acupuncture
AND
systematic[sb]
AND
("2013/03/01"[PDat] : "3000/12/31"[PDat])

Results: 1165

CDSR
2013-present; English
Search Run: 22 April 2021

acupuncture:ti,ab,kw

Results: 85

DARE (via CRD)
Publication Year 2013 – 2021 (However – ends at 2014 when DARE ceased production)

Any Field: acupuncture
AND
Title: systematic review

Results: 74 – 5 identified non-English = 69

AMED (via Dialog)
1 March 2013 – 22 April 2021; English

ti(acupuncture) AND ("systematic review")
OR
ab(acupuncture) AND ("systematic review")

Results: 148

APPENDIX B. EXCLUDED REVIEWS MEETING ELIGIBILITY CRITERIA NOT INCLUDED IN EVIDENCE MAP

1. Amaral, L.K.B., et al., Efficacy of conservative therapy in older people with nonspecific low back pain: A systematic review with meta-analysis and GRADE recommendations. Arch Gerontol Geriatr, 2020. 90: p. 104177.
2. Asher, G.N., et al., Comparative Benefits and Harms of Complementary and Alternative Medicine Therapies for Initial Treatment of Major Depressive Disorder: Systematic Review and Meta-Analysis. J Altern Complement Med, 2017. 23(12): p. 907-919.
3. Bisson, J.I., et al., Non-pharmacological and non-psychological approaches to the treatment of PTSD: results of a systematic review and meta-analyses. Eur J Psychotraumatol, 2020. 11(1): p. 1795361.
4. Cheong, Y.C., et al., Acupuncture and assisted reproductive technology. Cochrane Database Syst Rev, 2013(7): p. Cd006920.
5. Close, C., et al., A systematic review investigating the effectiveness of Complementary and Alternative Medicine (CAM) for the management of low back and/or pelvic pain (LBPP) in pregnancy. J Adv Nurs, 2014. 70(8): p. 1702-16.
6. Dai, L., et al., Acupuncture and Derived Therapies for Pain in Palliative Cancer Management: Systematic Review and Meta-Analysis Based on Single-Arm and Controlled Trials. J Palliat Med, 2021.
7. Deare, J.C., et al., Acupuncture for treating fibromyalgia. Cochrane Database Syst Rev, 2013. 2013(5): p. Cd007070.
8. Gao, R., et al., Acupuncture and clomiphene citrate for anovulatory infertility: a systematic review and meta-analysis. Acupunct Med, 2020. 38(1): p. 25-36.
9. Gutke, A., et al., Treatments for pregnancy-related lumbopelvic pain: a systematic review of physiotherapy modalities. Acta Obstet Gynecol Scand, 2015. 94(11): p. 1156-67.
10. He, Y., et al., Clinical Evidence for Association of Acupuncture and Acupressure With Improved Cancer Pain: A Systematic Review and Meta-Analysis. JAMA Oncol, 2020. 6(2): p. 271-278.
11. Hou, S., et al., Treatment of Chemotherapy-Induced Peripheral Neuropathy: Systematic Review and Recommendations. Pain Physician, 2018. 21(6): p. 571-592.
12. Huang, J.F., et al., Can Acupuncture Improve Chronic Spinal Pain? A Systematic Review and Meta-Analysis. Global Spine J, 2020: p. 2192568220962440.
13. Jo, J., Y.J. Lee, and H. Lee, Acupuncture for polycystic ovarian syndrome: A systematic review and meta-analysis. Medicine (Baltimore), 2017. 96(23): p. e7066.
14. Kizhakkeveettil, A., K. Rose, and G.E. Kadar, Integrative therapies for low back pain that include complementary and alternative medicine care: a systematic review. Glob Adv Health Med, 2014. 3(5): p. 49-64.
15. Kolber, M.R., et al., PEER systematic review of randomized controlled trials: Management of chronic low back pain in primary care. Can Fam Physician, 2021. 67(1): p. e20-e30.
16. Lan, L., et al., Acupuncture for functional dyspepsia. Cochrane Database Syst Rev, 2014(10): p. Cd008487.
17. Li, C., et al., The response-time relationship and covariate effects of acupuncture for chronic pain: A systematic review and model-based longitudinal meta-analysis. Eur J Pain, 2020. 24(9): p. 1653-1665.

18. Metcalf, O., et al., Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review. J Trauma Stress, 2016. 29(1): p. 88-92.
19. Mu, J., et al., Acupuncture for chronic nonspecific low back pain. Cochrane Database Syst Rev, 2020. 12: p. Cd013814.
20. Mulla, S.M., et al., Management of Central Poststroke Pain: Systematic Review of Randomized Controlled Trials. Stroke, 2015. 46(10): p. 2853-60.
21. Nascimento, P., et al., Effectiveness of interventions for non-specific low back pain in older adults. A systematic review and meta-analysis. Physiotherapy, 2019. 105(2): p. 147-162.
22. Seo, S.Y., et al., Effectiveness of Acupuncture and Electroacupuncture for Chronic Neck Pain: A Systematic Review and Meta-Analysis. Am J Chin Med, 2017. 45(8): p. 1573-1595.
23. Smith, C.A., et al., Acupuncture or acupressure for pain management during labour. Cochrane Database Syst Rev, 2020. 2(2): p. Cd009232.
24. Tang, H., et al., Acupuncture for Lateral Epicondylitis: A Systematic Review. Evid Based Complement Alternat Med, 2015. 2015: p. 861849.
25. Trinh, K., et al., Acupuncture for neck disorders. Cochrane Database Syst Rev, 2016(5): p. Cd004870.
26. Wahbeh, H., et al., Complementary and Alternative Medicine for Posttraumatic Stress Disorder Symptoms: A Systematic Review. J Evid Based Complementary Altern Med, 2014. 19(3): p. 161-175.
27. Wu, J., D. Chen, and N. Liu, Effectiveness of acupuncture in polycystic ovary syndrome: A systematic review and meta-analysis of randomized controlled trials. Medicine (Baltimore), 2020. 99(22): p. e20441.
28. Xiang, Y., et al., Evidence of efficacy of acupuncture in the management of low back pain: a systematic review and meta-analysis of randomised placebo- or sham-controlled trials. Acupunct Med, 2020. 38(1): p. 15-24.
29. Xie, Z.Y., et al., The effects of acupuncture on pregnancy outcomes of in vitro fertilization: a systematic review and meta-analysis. BMC Complement Altern Med, 2019. 19(1): p. 131.
30. Yu, C., et al., Effectiveness of acupuncture for angina pectoris: a systematic review of randomized controlled trials. BMC Complement Altern Med, 2015. 15: p. 90.
31. Yuan, Q.L., et al., Traditional Chinese medicine for neck pain and low back pain: a systematic review and meta-analysis. PLoS One, 2015. 10(2): p. e0117146.
32. Zhong, Y., et al., Acupuncture in improving endometrial receptivity: a systematic review and meta-analysis. BMC Complement Altern Med, 2019. 19(1): p. 61.
33. Zhou, Y., et al., Effectiveness of Acupuncture for Lateral Epicondylitis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Pain Res Manag, 2020. 2020: p. 8506591.

APPENDIX C. EXCLUDED PUBLICATIONS

Not Reviewed in Detail in Favor of a Better SR on Same Topic, *N = 33*

1. Amaral, L.K.B., et al., Efficacy of conservative therapy in older people with nonspecific low back pain: A systematic review with meta-analysis and GRADE recommendations. Arch Gerontol Geriatr, 2020. 90: p. 104177.
2. Asher, G.N., et al., Comparative Benefits and Harms of Complementary and Alternative Medicine Therapies for Initial Treatment of Major Depressive Disorder: Systematic Review and Meta-Analysis. J Altern Complement Med, 2017. 23(12): p. 907-919.
3. Bisson, J.I., et al., Non-pharmacological and non-psychological approaches to the treatment of PTSD: results of a systematic review and meta-analyses. Eur J Psychotraumatol, 2020. 11(1): p. 1795361.
4. Cheong, Y.C., et al., Acupuncture and assisted reproductive technology. Cochrane Database Syst Rev, 2013(7): p. Cd006920.
5. Close, C., et al., A systematic review investigating the effectiveness of Complementary and Alternative Medicine (CAM) for the management of low back and/or pelvic pain (LBPP) in pregnancy. J Adv Nurs, 2014. 70(8): p. 1702-16.
6. Dai, L., et al., Acupuncture and Derived Therapies for Pain in Palliative Cancer Management: Systematic Review and Meta-Analysis Based on Single-Arm and Controlled Trials. J Palliat Med, 2021.
7. Deare, J.C., et al., Acupuncture for treating fibromyalgia. Cochrane Database Syst Rev, 2013. 2013(5): p. Cd007070.
8. Gao, R., et al., Acupuncture and clomiphene citrate for anovulatory infertility: a systematic review and meta-analysis. Acupunct Med, 2020. 38(1): p. 25-36.
9. Gutke, A., et al., Treatments for pregnancy-related lumbopelvic pain: a systematic review of physiotherapy modalities. Acta Obstet Gynecol Scand, 2015. 94(11): p. 1156-67.
10. He, Y., et al., Clinical Evidence for Association of Acupuncture and Acupressure With Improved Cancer Pain: A Systematic Review and Meta-Analysis. JAMA Oncol, 2020. 6(2): p. 271-278.
11. Hou, S., et al., Treatment of Chemotherapy-Induced Peripheral Neuropathy: Systematic Review and Recommendations. Pain Physician, 2018. 21(6): p. 571-592.
12. Huang, J.F., et al., Can Acupuncture Improve Chronic Spinal Pain? A Systematic Review and Meta-Analysis. Global Spine J, 2020: p. 2192568220962440.
13. Jo, J., Y.J. Lee, and H. Lee, Acupuncture for polycystic ovarian syndrome: A systematic review and meta-analysis. Medicine (Baltimore), 2017. 96(23): p. e7066.
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15. Kolber, M.R., et al., PEER systematic review of randomized controlled trials: Management of chronic low back pain in primary care. Can Fam Physician, 2021. 67(1): p. e20-e30.
16. Lan, L., et al., Acupuncture for functional dyspepsia. Cochrane Database Syst Rev, 2014(10): p. Cd008487.
17. Li, C., et al., The response-time relationship and covariate effects of acupuncture for chronic pain: A systematic review and model-based longitudinal meta-analysis. Eur J Pain, 2020. 24(9): p. 1653-1665.

18. Metcalf, O., et al., Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review. J Trauma Stress, 2016. 29(1): p. 88-92.
19. Mu, J., et al., Acupuncture for chronic nonspecific low back pain. Cochrane Database Syst Rev, 2020. 12: p. Cd013814.
20. Mulla, S.M., et al., Management of Central Poststroke Pain: Systematic Review of Randomized Controlled Trials. Stroke, 2015. 46(10): p. 2853-60.
21. Nascimento, P., et al., Effectiveness of interventions for non-specific low back pain in older adults. A systematic review and meta-analysis. Physiotherapy, 2019. 105(2): p. 147-162.
22. Seo, S.Y., et al., Effectiveness of Acupuncture and Electroacupuncture for Chronic Neck Pain: A Systematic Review and Meta-Analysis. Am J Chin Med, 2017. 45(8): p. 1573-1595.
23. Smith, C.A., et al., Acupuncture or acupressure for pain management during labour. Cochrane Database Syst Rev, 2020. 2(2): p. Cd009232.
24. Tang, H., et al., Acupuncture for Lateral Epicondylitis: A Systematic Review. Evid Based Complement Alternat Med, 2015. 2015: p. 861849.
25. Trinh, K., et al., Acupuncture for neck disorders. Cochrane Database Syst Rev, 2016(5): p. Cd004870.
26. Wahbeh, H., et al., Complementary and Alternative Medicine for Posttraumatic Stress Disorder Symptoms: A Systematic Review. J Evid Based Complementary Altern Med, 2014. 19(3): p. 161-175.
27. Wu, J., D. Chen, and N. Liu, Effectiveness of acupuncture in polycystic ovary syndrome: A systematic review and meta-analysis of randomized controlled trials. Medicine (Baltimore), 2020. 99(22): p. e20441.
28. Xiang, Y., et al., Evidence of efficacy of acupuncture in the management of low back pain: a systematic review and meta-analysis of randomised placebo- or sham-controlled trials. Acupunct Med, 2020. 38(1): p. 15-24.
29. Xie, Z.Y., et al., The effects of acupuncture on pregnancy outcomes of in vitro fertilization: a systematic review and meta-analysis. BMC Complement Altern Med, 2019. 19(1): p. 131.
30. Yu, C., et al., Effectiveness of acupuncture for angina pectoris: a systematic review of randomized controlled trials. BMC Complement Altern Med, 2015. 15: p. 90.
31. Yuan, Q.L., et al., Traditional Chinese medicine for neck pain and low back pain: a systematic review and meta-analysis. PLoS One, 2015. 10(2): p. e0117146.
32. Zhong, Y., et al., Acupuncture in improving endometrial receptivity: a systematic review and meta-analysis. BMC Complement Altern Med, 2019. 19(1): p. 61.
33. Zhou, Y., et al., Effectiveness of Acupuncture for Lateral Epicondylitis: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Pain Res Manag, 2020. 2020: p. 8506591.

Duplicate, *N = 3*

1. Franco, J.V., et al., *Non-pharmacological interventions for treating chronic prostatitis/chronic pelvic pain syndrome.* Cochrane Database Syst Rev, 2018. **5**(5): p. Cd012551.
2. Pennick, V. and S.D. Liddle, *Interventions for preventing and treating pelvic and back pain in pregnancy.* Cochrane Database Syst Rev, 2013(8): p. Cd001139.
3. Zimpel, S.A., et al., *Complementary and alternative therapies for post-caesarean pain.* Cochrane Database of Systematic Reviews, 2020(9).

Review of Reviews, *N = 2*

1. Huang, J., et al., *Acupuncture for the Treatment of Alzheimer's Disease: An Overview of Systematic Reviews.* Front Aging Neurosci, 2020. **12**: p. 574023.
2. Wang, L.Y., et al., *Overview of Meta-Analyses of Five Non-pharmacological Interventions for Alzheimer's Disease.* Front Aging Neurosci, 2020. **12**: p. 594432.

No Outcome of Interest, *N = 1*

1. Wong, V., et al., *Acupuncture for acute management and rehabilitation of traumatic brain injury.* Cochrane Database Syst Rev, 2013(3): p. Cd007700.

Not an Intervention of Interest, *N = 1*

1. Lan, Y., et al., *Auricular acupuncture with seed or pellet attachments for primary insomnia: a systematic review and meta-analysis.* BMC Complement Altern Med, 2015. **15**: p. 103.

Comparison, *N = 1*

1. Mo, Z., et al., *Comparisons of the Effectiveness and Safety of Tuina, Acupuncture, Traction, and Chinese Herbs for Lumbar Disc Herniation: A Systematic Review and Network Meta-Analysis.* Evid Based Complement Alternat Med, 2019. **2019**: p. 6821310.

APPENDIX D. CONDITIONS AND SUB-CONDITIONS OF INCLUDED SYSTEMATIC REVIEWS

Condition	Sub-Condition	Map
Angina[64]	None	Other
Ankle Sprain/Pain[39]	None	Musculoskeletal Pain
Anxiety	Pre-operative Anxiety[44]	Mental Health
Back Pain	Chronic Low Back Pain[20]	Musculoskeletal Pain
Back Pain	Low Back Pain - Herniated Disc[40]	Musculoskeletal Pain
Back Pain	Chronic Low Back Pain (Radicular Back Pain)[10]	Musculoskeletal Pain
Back Pain	Acute Low Back Pain[10]	Musculoskeletal Pain
Cancer-related Pain	Hormone Therapy-related Side Effects in Breast Cancer Patients[22]	Musculoskeletal Pain
Cancer-related Pain	Chemotherapy-induced Peripheral Neuropathy[23]	Pain
Cancer-related Pain	Health-related Quality of Life in Cancer Patients[65]	Other
Cancer-related Pain	Pain Management in Cancer[24]	Pain
Carpal Tunnel Syndrome[17]	None	Pain
Chronic Fatigue Syndrome[66]	None	Other
Chronic Fatigue Syndrome[11]	None	Other
Chronic Musculoskeletal Pain[16]	None	Musculoskeletal Pain
Depression	Post-stroke Depression[45]	Mental Health
Depression	Depression in Pregnancy[46]	Mental Health
Depression[47]	None	Mental Health
Depression	Major Depressive Disorder[48]	Mental Health
Diabetic Peripheral Neuropathy[25]	None	Pain
Dysmenorrhea[56]	None	Women's Health
Dyspepsia	Functional Dyspepsia[67]	Other
Fertility	Assistive Reproductive Therapy[57]	Women's Health
Fertility	Anovulatory Infertility[58]	Women's Health
Fertility	Oocyte Retrieval[59]	Women's Health
Fertility	Polycystic Ovary Syndrome / Ovarian Hyperstimulation[60]	Women's Health
Fibromyalgia	Pain, Fatigue, Sleep Quality[26]	Pain
Fibromyalgia	None	Pain
Headache	Migraine, Active Therapy[28]	Pain
Headache	Occipital Neuralgia[29]	Pain
Headache	Migraine Headache Without Aura[30]	Pain

Condition	Sub-Condition	Map
Headache	Migraine, Mixed Comparators[31]	Pain
Headache	Tension-type Headache[32]	Pain
Herpes Zoster[68]	None	Other
Inflammatory Bowel Disease[69]	None	Other
Irritable Bowel Syndrome[70]	None	Other
Insomnia	Insomnia in Elderly[49]	Mental Health
Insomnia	Primary Insomnia[50]	Mental Health
Lateral Elbow Pain[14]	None	Musculoskeletal Pain
Menopause[61]	None	Women's Health
Mixed Pain - Not Specified	Painful Conditions in Emergency Department[13]	Other
Mixed Pain - Not Specified	Immediate Pain Relief in Musculoskeletal Pain Conditions[41]	Musculoskeletal Pain
Mixed Pain - Not Specified	Post-stroke Shoulder-hand Syndrome[12]	Musculoskeletal Pain
Neck Pain	Chronic Neck Pain[20]	Musculoskeletal Pain
Osteoarthritis	Knee Pain[20]	Musculoskeletal Pain
Osteoarthritis	Hip Pain[42]	Musculoskeletal Pain
Other Acute Pain	Post-operative Pain[19]	Pain
Other Acute Pain	Dental Pain[19]	Pain
Other Acute Pain	Kidney Stone[19]	Pain
Other Chronic Pain - Various	Chronic Non-cancer Pain[18]	Pain
Other Specific Pain	Acupuncture for Improving Cognitive Impairment After Stroke[71]	Other
Peripheral Neuropathy[33]	None	Pain
Premenstrual Syndrome[62]	None	Women's Health
Post-herpetic Neuralgia[34]	None	Pain
Post-operative Pain	Post-caesarean Pain[35]	Women's Health
Post-operative Pain	Post-operative Pain, Active Therapy[36]	Pain
Post-operative Pain	Post-operative Pain, Mixed Comparators[37]	Pain
Pregnancy	Low Back and Pelvic Pain[63]	Women's Health
Primary Ovarian Insufficiency	Resumption of Menses[55]	Women’s Health
Primary Trigeminal Neuralgia[38]	None	Pain
Prostatitis - Chronic Pelvic Pain	Chronic Prostatitis/Chronic Pelvic Pain Syndrome[9]	Pain

Condition	Sub-Condition	Map
Posttraumatic Stress Syndrome[51]	None	Mental Health
Schizophrenia[52]	None	Mental Health
Shoulder Pain	Frozen Shoulder[43]	Musculoskeletal Pain
Shoulder Pain	None[21]	Musculoskeletal Pain
Substance Use Disorder	Opioid Use Disorder[53]	Mental Health
Substance Use Disorder	Tobacco Use Disorder[54]	Mental Health
Temporomandibular Pain[21]	None	Musculoskeletal Pain
Tinnitus[15]	None	Other

APPENDIX E. CONCLUSIONS FROM SYSTEMATIC REVIEWS INCLUDED IN THE EVIDENCE MAP

Angina

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Yang, 2019[64]	None	Compared with sham acupuncture, acupuncture may be associated with improving average pain intensity, 6-Min Walk Test, anxiety symptoms, and depression symptoms.	Very Low to Moderate	17

Ankle Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Kim, 2014[39]	None	We are unable to conclude whether acupuncture is more effective than other standard methods for the treatment of ankle sprains in adults because of the very low quality of the available evidence. Because the adverse effects of acupuncture treatment were not described in most of the studies, we are also unable to draw any conclusions about the safety of acupuncture.	Very Low	19

Anxiety

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Tong, 2021[44]	Pre-Operative Anxiety	Acupuncture therapy, compared with sham therapy, significantly reduced the STAI-S score for patients with preoperative anxiety.	Very Low to Moderate	5

Back Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Chou, 2017[10]	Chronic Low Back Pain (Radicular Back Pain)	Acupuncture vs sham acupuncture: moderate magnitude of effect for pain; no effect for function Acupuncture vs no acupuncture: moderate magnitude of effect for pain; moderate for function	Low	9
Chou, 2017[10]	Acute Low Back Pain	Acupuncture vs sham small magnitude of effect for pain; no effect for function	Low	9
Skelly, 2020[20]	Chronic Low Back Pain	Acupuncture was associated with a small improvement in short-term function compared with sham acupuncture or usual care; there was no difference between acupuncture and controls in intermediate-term or long-term function. Acupuncture was associated with small improvements in short-term and long-term pain compared with sham acupuncture, usual care, an attention control, or a placebo intervention, but there was no difference in intermediate-term pain.	Low Low	8
Tang, 2018[40]	Low Back Pain - Herniated Disc	Acupuncture was better than traction and diclofenac sodium at improvements in VAS pain.	Very Low	30

Cancer-related Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Hu, 2016[24]	Pain Management in Cancer	Acupuncture plus drug therapy is more effective than conventional drug therapy alone, but acupuncture alone is not more effective than conventional drug therapy. Acupuncture is not more effective than sham acupuncture.	Very Low	20
Hwang, 2020[23]	Chemotherapy-induced Peripheral Neuropathy	Acupuncture was more effective than pharmacological treatment.	Low	5
Lin, 2019[65]	Health-related Quality of Life in Cancer Patients	Acupuncture has no effect on health-related quality of life.	Low	4

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Yuanqing, 2020[22]	Hormone Therapy-Related Side Effects in Breast Cancer Patients	Acupuncture is a moderately appropriate alternative therapy for hormone therapy-related side effects in breast cancer patients.	Low	20

Carpal Tunnel Syndrome

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Choi, 2018[17]	None	No clear difference in acupuncture vs sham- short term follow-up: 8 weeks / 3 months	Very Low to Low	10
		No clear difference in clinical improvement between acupuncture vs oral corticosteroid-short term follow-up: 4 weeks / 13 months	Very Low	
		Better clinical improvement with acupuncture vs corticosteroids in long-term follow-up: 7 months / 13 months	Very Low	
		No clear difference in rates of improvement in acupuncture vs vitamin B12 - short term follow-up	Very Low	
		No clear difference in rates of improvement in electro-acupuncture vs night splints - short term follow-up	Very Low	
		There was more clinical improvement in acupuncture vs ibuprofen-short term follow-up: 4 weeks	Very Low	

Chronic Fatigue Syndrome

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Wang, 2014[11]	None	There were significant better effects in acupuncture group compared with sham as measured by the Chalder's Fatigue Scale (physical) score.	Low to Moderate	7
Zhang, 2019[66]	None	In summary, acupuncture appears more effective than sham acupuncture and Chinese herbal medicine for the treatment of CFS.	Very Low to Low	13

Chronic Musculoskeletal Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Vickers, 2018[16]	None	Acupuncture is effective for the treatment of chronic pain compared with sham and control, with treatment effects persisting over time.	Moderate	39

Depression

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Liu, 2021[45]	Post-stroke Depression	Acupuncture combined with conventional treatment could significantly reduce post-stroke depression. Acupuncture was safer than anti-depressants.	Very Low to Low	17
Smith, 2018[47]	None	The reduction in severity of depression was less when acupuncture was compared with control acupuncture than when acupuncture was compared with no treatment control. The reduction in severity of depression with acupuncture given alone or in conjunction with medication versus medication alone is uncertain. The effect of acupuncture compared with psychological therapy is unclear. Acupuncture did however have a positive effect on physical quality of life at the end of treatment when compared with sham acupuncture.	Very Low to Low	64
Smith, 2019[46]	Depression in Pregnancy	Acupuncture compared to control may reduce antenatal depression.	Moderate	2
Sorbero, 2016[48]	Major Depressive Disorder	Acupuncture may be superior to waitlist; limited evidence suggests a higher rate of responders with adjunctive acupuncture plus anti-depressants compared with anti-depressants alone.	Low	18

Dysmenorrhea

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Smith, 2016[56]	None	There is insufficient evidence to demonstrate whether acupuncture is effective in treating primary dysmenorrhea, and for most comparisons no data were available on adverse events.	Very Low to Low	32

Fertility

Author, Year	Sub condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Coyle, 2021[57]	Assistive Reproductive Therapy	When compared with sham acupuncture, acupuncture performed at the time of embryo transfer does not result in better outcomes for live birth rate or for miscarriage rate.	High	6
Jo, 2017[60]	Polycystic Ovary Syndrome / Ovarian Hyperstimulation	Acupuncture may increase the clinical pregnancy rate and ongoing pregnancy rate and decrease the risk of Ovarian Hyperstimulation Syndrome in women with Polycystic Ovarian Syndrome undergoing in vitro fertilization or intracytoplasmic sperm injection.	Low	4
Kwan, 2018[59]	Oocyte Retrieval	Compared to conscious sedation alone, more effective pain relief during oocyte retrieval was reported when conscious sedation was combined with electro-acupuncture. No significant increase in pregnancy rate.	Low	7
Lim, 2019[58]	Anovulatory Infertility	There was no evidence of any clinically relevant differences in live birth rate, multiple pregnancy rate, ovulation rate, clinical pregnancy rate, and miscarriage rate in sham vs acupuncture. We were uncertain whether acupuncture improved ovulation rate compared to active treatment.	Low Very Low	8

Fibromyalgia

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Kim, 2019[26]	Pain, Fatigue, Sleep Quality	Verum acupuncture is more effective than sham acupuncture for pain relief, improving sleep quality, and improving general status in fibromyalgia syndrome posttreatment.	Moderate to High	10
Zhang, 2019[27]	None	Compared with sham, real acupuncture was more effective in reducing pain and improving quality of life after treatment in the short term. At follow-up in the long term, the effect of acupuncture was also superior to that of sham acupuncture.	Low to Moderate Low	12

Functional Dyspepsia

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Pang, 2016[67]	None	Acupuncture therapy has a similar effect for functional dyspepsia in comparison with sham acupuncture. Acupuncture therapy is superior to medication (prokinetic agents) in improving the symptoms and quality of life of functional dyspepsia patients.	Low Low	16

Headache

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Giovanardi, 2020[28]	Migraine	Acupuncture is mildly more effective and much safer than medication for the prophylaxis of migraine.	Moderate	9
Linde, 2016[32]	Tension-type Headache	Acupuncture reduces headache frequency over usual care and sham.	Moderate	12
Linde, 2016[31]	Migraine	Compared with no acupuncture, acupuncture was associated with a moderate reduction of headache frequency over no acupuncture after treatment. Comparison with sham, both after treatment and at follow-up, acupuncture was associated with a small but statistically significant frequency reduction over sham. Compared with prophylactic drug treatment, acupuncture reduced migraine frequency significantly more than drug prophylaxis after treatment.	Moderate Moderate Moderate	22
Xu, 2018[30]	Migraine Headache without Aura	Acupuncture had a significant advantage over medication in reducing frequency of migraine, pain score, and effective rate. Acupuncture also had a significant advantage over sham acupuncture in reducing frequency of migraine and pain score.	Very Low to Low	14
Yun, 2020[29]	Occipital Neuralgia	Acupuncture was more effective that medication at reducing VAS pain. Acupuncture was more effective than medication on the total effective rate.	Very Low Low	11

Herpes Zoster

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Cui, 2021[68]	None	When compared with antiviral therapy, acupuncture was associated with a significant reduction in pain, a significant reduction in incrustation time, and a significant reduction in decrustation time. Compared with active treatment, acupuncture was associated with reduction on the overall incidence of post-herpetic neuralgia	Low Moderate	21

Inflammatory Bowel Disease

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Wang, 2020[69]	None	Acupuncture may be more effective in treating ulcerative colitis compared to conventional medicine (metronidazole combined with sulfasalazine).	Low to Moderate	13

Insomnia

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Cao, 2019[50]	Primary Insomnia	Acupuncture might result in improvement compared to no treatment on Pittsburgh Sleep Quality Index scores and appears safe.	Very Low to Low	73
Kwon, 2020[49]	Insomnia in Elderly	Using Pittsburgh Sleep Quality Index score, acupuncture and acupuncture combined with relaxation were both more effective in improving sleep quality compared to relaxation alone.	Very Low to Moderate	13

Irritable Bowel Syndrome

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Guo, 2020[70]	None	Compared with loperamide, acupuncture showed more effectiveness in weekly defecation. Compared to dicetel, acupuncture produced more significant effect related to the total symptom score and IBS Symptom Severity Scale.	Low to Moderate	31

Lateral Elbow Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Navarro-Santana, 2020[14]	None	Evidence suggests positive effects of acupuncture, but not electro-acupuncture, for pain, related disability, and strength, in lateral epicondylalgia of musculoskeletal origin, in the short term.	Very Low to Low	14

Menopause

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Dodin, 2013[61]	None	When acupuncture was compared with sham acupuncture, there was no evidence of any difference in their effect on hot flushes. When acupuncture was compared with no treatment, there appeared to be a benefit from acupuncture, but acupuncture appeared to be less effective than HT.	Very Low to Low	16

Mixed Not Specified Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Chia, 2018[13]	Painful Conditions in Emergency Department	Acupuncture was superior with sham acupuncture, more effective than intravenous morphine, comparable to conventional Emergency Department treatment, and superior to standard Emergency Department care alone when used on an adjuvant basis.	Low	6
Liu, 2019[12]	Post-stroke Shoulder-Hand Syndrome	Acupuncture therapy seems effective for motor function, pain relief, and activities of daily living in stroke patients with mild Shoulder-hand Syndrome, when it is used in combination with rehabilitation.	Low	38
Xiang, 2017[41]	Immediate Pain Relief in Musculoskeletal Pain Conditions	Acupuncture was associated with a greater immediate pain relief effect compared with sham acupuncture. Acupuncture was associated with greater immediate pain relief effect when compared to analgesic injections.	Moderate Low	13

Neck Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Skelly, 2020[20]	Chronic Neck Pain	Acupuncture was associated with small improvements in short-term and intermediate-term function versus sham acupuncture, a placebo (sham laser), or usual care.	Low	11
		There were no differences in pain in trials comparing acupuncture with sham acupuncture or placebo interventions in the short term.	Low	
		There was insufficient evidence to draw conclusions regarding short-term function or pain for acupuncture versus NSAIDs.	Low	
		No serious adverse events were reported in 6 trials reporting harms.	Low	

Osteoarthritis

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Manheimer, 2018[42]	Hip Pain	Acupuncture probably has little or no effect in reducing pain or improving function relative to sham acupuncture in people with hip osteoarthritis.	Moderate	6
Skelly, 2020[20]	Knee Pain	There were no differences between acupuncture versus control interventions (sham acupuncture, waitlist, or usual care) on function in the intermediate term	Low	9
		There were no clinically meaningful differences between acupuncture versus control interventions (sham acupuncture, waitlist, or usual care) on pain in the intermediate term.	Moderate	

Other Acute Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Chou, 2020[19]	Post-operative Pain	There is inconsistent evidence on acupuncture's effect on pain intensity when compared with sham. Acupuncture may be associated with decrease analgesic use after 1 day compared to usual care.	Very Low	2
Chou, 2020[19]	Dental Surgical Pain	There is insufficient evidence of acupuncture's effect on post-operative pain compared with sham acupuncture.	Very Low	1
Chou, 2020[19]	Kidney Stone	Acupuncture was not effective in reducing pain intensity vs medication for kidney stone.	Low	1

Other Chronic Pain - Various

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Eccleston, 2017[18]	Chronic Non-cancer Pain	There is no evidence for the efficacy or safety of electro-acupuncture for reducing prescribed opioid use in chronic pain.	Very Low	1

Other Specific

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Zhou, 2020[71]	Improvement of Cognitive Impairment After Stroke	Acupuncture was effective in improving PSCI (post-stroke cognitive impairment) compared to no treatment or sham.	Moderate	37

Pelvic Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Franco, 2019[9]	Chronic Prostatitis/ Chronic Pelvic Pain Syndrome	Acupuncture probably reduced prostatitis symptoms (compared with sham). Acupuncture may have reduced prostatitis symptoms compared with medical treatment	Moderate Moderate	6

Peripheral Neuropathy

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Ju, 2017[33]	None	There is insufficient evidence to support or refute the use of acupuncture for neuropathic pain in general or for any specific neuropathic pain condition when compared with sham acupuncture or other active therapies.	Very Low to Low	6

Peripheral Neuropathy (Diabetic)

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Amato, 2019[25]	None	Evidence for acupuncture was insufficient for diabetic peripheral neuropathy.	Very Low	1

Post-herpetic Neuralgia

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Pei, 2019[34]	None	Acupuncture was more effective in reducing post-herpetic neuralgia pain intensity compared to control.	Low to Moderate	4

Post-operative Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Tedesco, 2017[37]	None	Acupuncture reduced or delayed opioid consumption compared with sham or no treatment.	Low to Moderate	4
Yin, 2020[36]	None	Compared to active treatment, acupuncture may improve the overall symptoms of Postcholecystectomy syndrome (PCS).	Low to Moderate	14
Zimpel, 2020[35]	Post-caesarean Pain	We are very uncertain if acupuncture (versus no treatment) or acupuncture plus analgesia (versus placebo plus analgesia) has any effect on pain because the quality of evidence is very low. Acupuncture plus analgesia (versus analgesia) may reduce pain at 12 hours and 24 hours.	Very Low	4

Posttraumatic Stress Disorder

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Grant, 2018[51]	None	Needle acupuncture reduces PTSD and depressive symptoms at follow-up compared to passive controls, treatment-as-usual, and active interventions. No significant differences were observed between acupuncture and comparators for other outcomes.	Very Low to Low	7

Pregnancy

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Liddle, 2015[63]	Low Back and Pelvic Pain	There was evidence from single studies that acupuncture significantly improves evening pelvic pain better than stabilizing exercise or usual prenatal care.	Moderate	4
		There is evidence suggesting that acupuncture is better than physiotherapy at relieving evening low back and pelvic pain and related functional disability, and improves pain, but not women's ability to carry out daily activities, when started at 26- rather than 20-weeks' gestation.	Low	

Premenstrual Syndrome

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Armour, 2018[62]	None	Acupuncture may reduce overall mood and physical PMS symptoms when compared with sham. There was not enough evidence to determine the safety of acupuncture.	Low	4

Primary Ovarian Insufficiency

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Jo, 2015[55]	Resumption of Menses	Acupuncture was better than comparison treatments in the resumption of menses. There are insufficient data to reach conclusions about the effect of acupuncture on symptoms.	Low Very Low	6

Primary Trigeminal Neuralgia

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Hu, 2019[38]	None	Acupuncture might have some positive effects for primary trigeminal neuralgia.	Very Low to Low	33

Schizophrenia

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Shen, 2014[52]	None	Limited evidence suggests that acupuncture may have some antipsychotic effects as measured on global and mental state with few adverse effects.	Very Low to Low	30

Shoulder Pain

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Yuan, 2016[21]	None	Acupuncture is superior to sham acupuncture in relief of pain.	High	5
Ben-Arie, 2020[43]	Frozen Shoulder	Acupuncture could be safe and effective for pain reduction, restoring shoulder function, and restoring flexion ROM for frozen shoulder patients in the short term and midterm.	Very Low	13

Substance Use Disorder

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Chen, 2018[53]	Opioid Use Disorder	Acupuncture may be effective for alleviating some symptoms compared with sham and no treatment. There was insufficient evidence to suggest better effect of acupuncture compared with medication.	Very Low to Low Moderate	9
White, 2014[54]	Tobacco Use Disorder	Compared with sham, acupuncture resulted in greater short-term smoking cessation.	Moderate	19

Temporomandibular Joint Dysfunction

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Yuan, 2016[21]	None	Real acupuncture showed a favorable effect on pain relief compared with sham.	Moderate	13

Tinnitus

Author, Year	Sub-condition	Conclusion	Certainty of Evidence	Total Number of Studies Included for Acupuncture
Savage, 2014[15]	None	Unclear if acupuncture is effective in people with tinnitus.	Low	1

APPENDIX F. PEER REVIEW DISPOSITION

Comment #	Reviewer #	Comment	Author Response
Are the objectives, scope, and methods for this review clearly described?			
1	1	Yes	Thank you.
2	3	Yes	Thank you.
3	4	Yes	Thank you.
4	5	Yes	Thank you.
Is there any indication of bias in our synthesis of the evidence?			
5	1	No	Thank you.
6	3	No	Thank you.
7	4	No	Thank you.
8	5	No	Thank you.
Are there any published or unpublished studies that we may have overlooked?			
9	1	Yes - These two meta-analyses by the Acupuncture Trialists Collaboration (over 20,000 individual patients) have been very influential in many of the guidelines that have been established for acupuncture and pain--but I do not see them included. I understand that especially the updated version may not have met your criteria for inclusion because it did not include a systematic review per se. But I wonder if there is some way to add a mention of this work to the discussion given its importance in the evolution of the field. One of the important things about this work is that they had enough individual patients to analyze separately the studies that compared to sham and those that compared to usual care--demonstrating much larger difference in effects when no sham comparison was included. Since sham acupuncture has an effect generally larger than most placebo controls, the use of this methodology in the past may have contributed to an underestimate of the true effect of real acupuncture, which is what is relevant to clinicians and patients. You mention in the conclusion that more studies are needed comparing	This is a really excellent point. The original Vickers review was included in the prior version of this evidence map. But the updated Vickers review was not included in this map because the updated Vickers review did not assess certainty of evidence, which was a criterion for inclusion. But, since the Vickers review was an individual patient data meta-analysis, which is an inherently stronger type of review than a conventional review, we were essentially penalizing it for being good. Fortunately, in the Vickers review they also presented the results of their data as a conventional meta-analysis, and thus we were able to apply the GRADE criteria to come up with a certainty of evidence rating for their conclusion – and thus we are able to get it onto the map.

Comment #	Reviewer #	Comment	Author Response
		to conditions other than sham--but you do not really address the impact that sham as the dominant comparison in the past may have had on the ultimate conclusions of the systematic reviewers. Vickers AJ, Cronin AM, Maschino AC, et al. Acupuncture for Chronic Pain: Individual Patient Data Meta-analysis. Arch Intern Med. 2012;172(19):1444–1453. doi:10.1001/archinternmed.2012.3654 Vickers AJ, Vertosick EA, Lewith G, et al.; Acupuncture Trialists' Collaboration. Acupuncture for chronic pain: update of an individual patient data meta-analysis. J Pain. 2018;19(5):455–474. If you'd like I could write you few lines on this to include in the Discussion--and could cite the Vickers work there perhaps :)	
10	3	No	
11	4	No	
12	5	No	
Additional suggestions or comments can be provided below.			
13	1	See above	Thank you for your comment!
14	3	Page 6- paragraph "Purpose" Would be appreciated if there was an added sentence designating that this publication is not intended to reflect established policy recommendations for clinical practice more explicitly.	Thank you for your comment. This is addressed in existing text on page 2: “The findings and conclusions in this document are those of the author(s) who are responsible for its contents and do not necessarily represent the views of the Department of Veterans Affairs or the United States government. Therefore, no statement in this article should be construed as an official position of the Department of Veterans Affairs.”
15	3	Page 6- line 20-21 "Acupuncture is a technique that is part of a larger system of care originating in China and other Asian countries dating back to the 12th century." the sentence is not very clear. The historicity of the origins of traditional Chinese medicine definitely take	We worked with the reviewer to revise this part of the introduction.

Comment #	Reviewer #	Comment	Author Response
		it back farther than the 12th century, the origin of acupuncture on the other hand as originating exclusively during the Song Dynasty is also very contested.	
16	3	Page 8 paragraph "Data Sources and Searches" - Although this is later clarified in appendix a, line 5-6 appear to state that only studies from 2012 and early 2013 were included. Appendix A clarifies by stating that studies were included through 2021.	This has been corrected.
17	3	Including multiple comparators in the study instead of insisting on only "sham vs acupuncture" was very appreciated in order to capture a more robust date set.	This has been corrected
18	3	Page 9 paragraph "Synthesis" - perhaps an explanation as to why a different convention was chosen for the bubble plot in this publication versus the previous publication evidence map from 2014 would be helpful to understand the intentions of the authors. Why do the plots look so different? To the untrained reader who might try to compare the studies there would be difficulty with reconciling this? An explanation of the rationale for this choice would be appreciated.	We have added a sentence to explain why this is, basically to provide more and better information than was available for the older report.
19	3	Page 14 - line 20 and onward - the choice of "high certainty" is difficult to see as different than "high rate of effectiveness". This choice seems to impact the appearance of the bubble plots and the few "high certainty" studies seem to appear as if there are few conditions for which there is "high rate of effectiveness". This is clear to the academic, but difficult to glean for the casual reader in my opinion.	An important feature of GRADE is that the certainty of evidence is separated from the size of the effect of the intervention. Thus, bodies of evidence can report estimates of large effect but low certainty and conversely, evidence of low effect but high certainty. We have added this to the report. A review concluding “high rate of effectiveness” but with Low certainty of evidence should be considered as a conclusion for which the authors felt the true effect might be substantially different than that reported.
20	3	Page 27 - paragraph "Future Research" was very thoughtful and inclusive and will likely result in much fruitful direction for researchers in this field, this	Thank you for your comment!

Comment #	Reviewer #	Comment	Author Response
		paragraph is an excellent contribution to the academic community.	
21	4	None	
22	5	Page 3: line 27. Requestor is from VA Central Iowa, but this request really came through Juli Olson's role in the Integrative Health Coordinating Center under the Office of Patient Centered Care & Cultural Transformation.	This has been corrected.
23	5	Page 6, line 11: Could this be updated to reflect the request came from the IHCC?	This has been corrected.
24	5	Page 10, line 6: A little confusing here because auricular acupuncture is manual. It might be better to classify between auricular and comprehensive or full-body acupuncture. Electro-acupuncture can also be done to the ear. So maybe: "For type of acupuncture, triangle denotes studies that used exclusively auricular acupuncture and circle denotes all other types of comprehensive or full body acupuncture (manual/standard, electro-acupuncture)." This also may have included auricular acupuncture in some of the studies, but I don't know if that is the case.	We have made the change to clarify the definition for the type of acupuncture in text.
25	5	Page 16, Figure 2: Suggest changing the title of bubble "Hormone therapy - Related SE in Br Ca" to "Related SE in Br Ca associated with hormone therapy" because the table reads "Benefit for acupuncture...Hormone therapy" acupuncture is not effective for hormone therapy, it is effective for the SE. Then it would read "Benefit for acupuncture...Related SE in Br Ca..."	This has been corrected.
26	5	Page 16, Figure 2: "dental surgical pain" is post-operative? There is a tradition of doing dental surgery with acupuncture over other anesthesia so reader might think of that. Perhaps "Post-Op Dental Pain"	This has been corrected.
27	5	Page 22, line 30: Consider hyphenating Posttreatment (post-treatment).	This has been corrected.

Comment #	Reviewer #	Comment	Author Response
28	5	Page 27, line 51: This is a very helpful statement, thank you: "Studies comparing acupuncture to placebo or sham are probably not the priority, rather the priority should be studies comparing acupuncture to other recommended/accepted/active therapies for the condition."	Thank you for your comment!
29	5	Page 28: This is a helpful comment about the state of the literature: "This seems to be a mismatch between resources and need. The field of acupuncture would be best moved forward with resources devoted to producing more high quality RCTs and producing fewer new systematic reviews."	Thank you for your comment!
30	5	Question about depression and the Smith review. Table 4 on page 22 lists the results from the study about risks rather than symptomatic improvement for depression: "It is unclear whether there are differences in the risk of adverse events between persons receiving acupuncture or sham acupuncture" But the study concludes: "We found low-quality evidence suggesting that acupuncture (manual and electro-) may moderately reduce the severity of depression by end of treatment (SMD -0.66, 95% CI -1.06 to -0.25, five trials, 488 participants)." Depression ended up in the evidence map as no benefit or harm from acupuncture. I am confused here.	Because the effectiveness conclusions from that review were rated as Low certainty of evidence and the adverse events conclusion was Moderate certainty of evidence, the Low certainty conclusion never made it to the evidence map because the columns are mutually exclusive. We have solved this problem by splitting out all conclusions about adverse events into their own map, thus leaving the main maps to be only about effectiveness outcomes, and now that review does enter as one where all conclusions were rated as Low or Very Low.
31	5	In the evidence maps did anything end up in the "No benefit or harm" category due to harm? I appreciated the review assessing risk and harm for acupuncture, but maybe it would be helpful to spell out that there is no study that was put in that category to do the findings of harm. Could that category even be updated to "no benefit" since none showed harm?	We have now split out the adverse events/harms into their own map, and the main maps are now just “benefit” vs. “no benefit”.