Characteristics of included reviews	Umbrella review
Review ID	**Lee 2011c**
Review Title	The Efficacy of Acupressure for Symptom Management: A Systematic Review
Review objective	Review randomized controlled trials that investigated the efficacy of acupressure for the management of symptoms
Author affiliations	Two authors are affiliated with a tertiary institution and hospital in the US
Source of funds	Review randomized controlled trials that investigated the efficacy of acupressure for the management of symptoms
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review
Inclusion criteria	
Study design	RCTs
Population	Not reported
Intervention	Acupressure for symptom management
Comparator	Not specified
Other	Written in English; A review of studies for individual symptoms was included in this review if there were at least four trials for management of a particular symptom.
Exclusion criteria	
Study design	None specified
Population	None specified
Intervention	None specified
Comparator	None specified
Other	None specified

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
Date of documented search (month/year)	Jan 2000 to January 2010				
Databases searched	CINAHL Pubmed Medline				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	No	English language only			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Insomnia and fatigue	Not reported	Not reported	--
2	--				
3	--				
4	--				
5	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB	The average risk of bias score was 3.8 for RCTs focused on nausea/vomiting, 4.8 for studies investigating pain management, 2.3 for studies of efficacy for dyspnoea, and 2.5 for those studying the reduction of fatigue/insomnia.			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
1	Molassiotis 2007	RCT	Cancer	Community	N= 47 I: Acupressure 20min, 6 x per week for 2 weeks C: sham O: reduced fatigue
2	Other eligible studies reported elsewhere. (See Cancer, Sleep/Wake, Musculoskeletal)				
3	--				
4	--				
5	--				
5	--				
6	--				
Authors conclusions (key message)	Acupressure may be a useful strategy for the management of multiple symptoms in a variety of patient populations, but rigorous trials are needed. Inclusion of acupressure as an intervention may improve patient outcomes.				

Characteristics of included reviews	Cancer-related fatigue
Review ID	**Ling 2014**
Review Title	Effects of Acupuncture and Acupressure on Cancer-Related Fatigue: A Systematic Review
Review objective	To critically examine the evidence for acupuncture and acupressure in the management of cancer-related fatigue (CRF) in adult patients with cancer.
Author affiliations	Three authors are affiliated with a hospital and one author is affiliated with a tertiary institution in China
Source of funds	Not reported
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review
Inclusion criteria	
Study design	RCTs
Population	Adult patients with cancer, duration of disease, and type of treatment received
Intervention	Acupuncture and acupressure
Comparator	Not specified
Other	English or Chinese studies only
Exclusion criteria	
Study design	None specified
Population	Patients with fatigue other than cancer related fatigue
Intervention	Shiatsu or reflexology
Comparator	None specified
Other	None specified

Characteristics of included reviews	Cancer-related fatigue				
Review ID	**Ling 2014**				
Date of documented search (month/year)	Database inception through April 2014				
Databases searched	AMED	PubMed	TRIP	SpringerLink	China Academic Journals Full Text Database
	MEDLINE	Journals@Ovid	Evidence Based Medicine Reviews		Wanfang Data China Online Journals
	CINAHL	ProQuest	Wiley Online Library		
	Embase	ScienceDirect	British Nursing Index		
Was an non-English database searched?	Yes	China Academic Journals Full text Database and Wanfang Data China Online Journals			
Were studies in a language other than English included?	Yes	English and Chinese only			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Cancer-Related Fatigue	NR	Any validated fatigue measure	--
2	--				
3	--				
4	--				
5	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not specified	All of the included studies were acceptable in quality but had methodologic flaws with an associated risk of bias. Eight were underpowered, six being pilot studies with a small sample size (range = 13–47) (Balk et al., 2009; Johnston et al., 2011; Lim et al., 2011; Molassiotis et al., 2007; Smith et al., 2013; Zick et al., 2011).			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Cancer-related fatigue				
Review ID	**Ling 2014**				
1	Molassiotis 2007	RCT	Cancer	Community	N = 47 C: Sham acupressure O: Fatigue Some concerns for one or more domains, but no high risk of bias
2	One pilot study (Zick 2011) not included as it assesses acupressure of varying intensity one (all participants received acupressure); One other study (Xu 2010) the acupressure intervention was confounded by breathing exercises & music therapy. 'All other included studies were in acupuncture or auricular acupressure (Ling 2014).				
3	--				
4	--				
5	--				
5	--				
6	--				
Authors conclusions (key message)	All four acupressure studies (Liu et al., 2013; Molassiotis et al., 2007; Xu et al., 2010; Zick et al., 2011) showed statistically significant improvement in CRF.				

Characteristics of included reviews	Cancer (survivors)
Review ID	**Duong 2017**
Review Title	Mind and body practices for fatigue reduction in patients with cancer and hematopoietic stem cell transplant recipients: A systematic review and meta analysis
Review objective	To determine whether non-physical activity mind and body practices reduce the severity of fatigue in patients with cancer or hematopoietic stem cell transplant (HSCT) recipients compared to control interventions.
Author affiliations	Five authors are affiliated with a hospital in Canada, UK and the US, three authors are affiliated with a clinical group, one author is affiliated with a research facilitate in the UK, five authors are affiliated with a tertiary institution
Source of funds	Paediatric Oncology Group of Ontario
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Meta-analysis
Inclusion criteria	
Study design	RCT or quasi RCT with parallel group design
Population	Any age had cancer or were HSCT recipients
Intervention	Any that prevented or treated fatigue; limited studies to those in which non-physical activity mind and body practices were the intervention being evaluated.
Comparator	Not specified
Other	If less that 75% of participants had cancer or were undergoing HSCT; if fatigue was either not an end-point or reported as an adverse effect; if the intervention was direct cancer treatment; and if less than five participants were randomised in any study arm. No language restriction
Exclusion criteria	
Study design	None specified-
Population	None specified
Intervention	None specified
Comparator	None specified
Other	None specified

Characteristics of included reviews	Cancer (survivors)				
Review ID	**Duong 2017**				
Date of documented search (month/year)	1980 to May 11 2017				
Databases searched	Medline				
	PsycINFO				
	Embase				
	CINAHL				
	CCRCT				
Was an non-English database searched?	Yes	--			
Were studies in a language other than English included?	Yes	No language restriction			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Cancer-Related Fatigue	NR	Brief Fatigue Inventory (0-10)	Higher score means more fatigue
2	Secondary	Cancer-Related Fatigue	NR	Any validated measure	Piper Fatigue scale, VAS, profile of mood states, FACT, multidimensional fatigue inventory, cancer fatigue
3	--				
4	--				
5	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane Collaboration	Not reported.			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Cancer (survivors)			
Review ID	**Duong 2017**			
1	Molassiotis 2007	RCT	Mixed types, off treatment	Not specified	N = 47 C: Sham acupressure O: Fatigue RoB: Not reported
2	Tang 2014	RCT	Lung, on treatment	Not specified	N = 57 C: Sham acupressure O: Fatigue RoB: Not reported
3	Zick 2016	RCT	Breast, both on and off treatment	Not specified	N = 288 C: Control (conventional treatment and health guidance)
4	Three acupuncture studies removed from the analysis. All other studies were in mindfulness, relaxation, energy therapy, yogic breathing or other interventions and were therefore not eligible for inclusion. .				
5	--				
5	--				
6	--				
Authors conclusions (key message)	Duong 2017 found that non-physical activity mind and body practices significantly reduced severity of fatigue when compared to all control groups. More specifically, that mindfulness and relaxation were effective interventions in reducing fatigue. However, acupuncture, acupressure, massage, energy therapy and yogic breathing were not effective.				

Characteristics of included reviews	Cancer-related fatigue
Review ID	Arring 2019
Review Title	Integrative Therapies for Cancer-Related Fatigue
Review objective	Provide evidence-based recommendations for integrative interventions during and after cancer treatment for cancer related fatigue.
Author affiliations	All authors (four) were associated with tertiary institutions
Source of funds	Not reported
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review
Inclusion criteria	
Study design	RCTs including 50 or more participants
Population	Adults patients with cancer 18 years or older
Intervention	Used a integrative therapy as an intervention
Comparator	Not reported
Other	Measured Cancer-Related Fatigue as a primary outcome using a self-report validated tool, available in English
Exclusion criteria	
Study design	None specified
Population	None specified
Intervention	Studies that tested conventional exercise interventions
Comparator	None specified
Other	Studies that did not have a clear primary outcome or had multiple primary outcomes not powered on CRF

Characteristics of included reviews	Cancer-related fatigue				
Review ID	**Arring 2019**				
Date of documented search (month/year)	Jan 1 1990 to April 1 2019				
Databases searched	PubMed				
	PsycINFO				
	Embase				
	CINAHL				
	--				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	No	English only			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Cancer-Related Fatigue	Baseline, W6 (end of treatment)	Brief Fatigue Inventory	--
2	--				
3	--				
4	--				
5	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Modified Delphi Scoring	The majority of studies included had high-quality scores, with the majority of trials scoring 5 to 7 with a maximum score of 8.			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Cancer-related fatigue				
Review ID	**Arring 2019**				
1	Zick 2016	RCT	P: Breast (off tretatment) I: Self-Acupressure (stimulating & relaxing)	Not specified	N=288 C: Usual care O: Fatigue, Adverse events Score 5.5 out of 7
2	All other studies were in cognitive behaviour therapy, Qigong/Tai chi, mindfulness, reflexology, moxibustion, or other intervention and were therefore not eligible for inclusion. .				
3	--				
4	--				
5	--				
5	--				
6	--				
Authors conclusions (key message)	For Zick 2016, the SR authors reported that self-administered acupressure can be considered in posttreatment cancer survivors (i.e., having completed active treatments of surgery, chemotherapy, radiation; Likely to Be Effective). This recommendation is based on 1 trial in 288 women with breast cancer, who had completed active cancer treatments except hormone therapy at least 12 months previously.				

Characteristics of included reviews	Cancer (on treatment or survivors)
Review ID	**Calcagni 2019**
Review Title	A systematic review of complementary and alternative medicine in oncology: Psychological and physical effects of manipulative and body-based practices
Review objective	Evaluates the benefits of manipulative and body-based practices are some of the most commonly used CAM.
Author affiliations	Not reported
Source of funds	French 'Site de Recherche Inte´gre´e sur le Cancer - Bordeaux Recherche Inte´gre´e en Oncology' (SIRIC – BRIO, https://siric-brio.com), w
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review
Inclusion criteria	
Study design	RCTS
Population	Adults over the age of 18 with a diagnosis of cancer, with no limitations regarding time since diagnosis or cancer location
Intervention	CAM interventions associated with manipulative and body based practices such as massage, reflexology, chiropractic, osteopathy, naprapthy and shiatsu/tui na/acupressure
Comparator	Usual care, placebo, sham, visit by staff
Other	Quality of life, psychosocial, symptoms, side effect related outcomes
Exclusion criteria	
Study design	None specified
Population	None specified
Intervention	None specified
Comparator	None specified
Other	None specified

Characteristics of included reviews	Cancer (on treatment or survivors)				
Review ID	**Calcagni 2019**				
Date of documented search (month/year)	Database inception to Sep 2018				
Databases searched	PubMed				
	PsycINFO				
	Psychology and Behavioural Sciences Collection and SOCindex				
	PsycArticle				
	CCRCT				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Yes	No restrictions			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Quality of life	Not specified	Not specified	--
2	Not specified	Psychosocial	Not specified	Not specified	--
3	Not specified	Symptoms and side effect related outcomes	Not specified	Not specified	--
4	--				
5	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Jadad scale	Not reported			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Cancer (on treatment or survivors)			
Review ID	**Calcagni 2019**			
1	Avci 2016	RCT	P: Leukaemia I: Acupressure	Not specified	N = 90 C: Wrist bands O: Nausea Jadad score 5/5
2	Beikmoradi 2015	RCT	P: Mixed cancer I: Acupressure	Not specified	N = 85 C: Sham or control O: Anxiety (STAI) Jadad score 5/5
3	Hsiung 2015	RCT	P: Gastric cancer I: Acupressure	Not specified	N= 54 C: Control O: Pain, Nausea
4	Nia 2017	RCT	P: Leukaemia I: Acupressure	Not specified	N = 100 C: Control O: Pain
5	Rizi 2017	RCT	P: Mixed cancer I: Acupressure	Not specified	N = 90 C: Sham or control
5	Zhang 2017	RCT	P: Breast cancer I: Acupressure	Not specified	N = 43 C: Sham
6	All other studies were in reflexology or massage therapy and were therefore not eligible for inclusion.				
Authors conclusions (key message)	Three of the six studies relevant to acupressure argued in favour of a positive effect of acupressure on symptoms, of which one trial with a perfect Jadad score and high number of participants shows a strong effect on pain. All three studies evaluating anxiety highlighted a beneficial effect of acupressure				

Characteristics of included reviews	Umbrella review
Review ID	**Harvie 2019**
Review Title	Traditional Chinese Medicine Self-Care and Lifestyle Medicine Outside of Asia: A Systematic Literature Review
Review objective	Explore the literature to date on Traditional Chinese Medicine (TCM) self-care in settings outside of Asia, beyond the sole application of tai chi or qigong, to consider simple self-care techniques as health care interventions that may be generalized to a wider population.
Author affiliations	Three authors are affiliated with tertiary institutions in Australia
Source of funds	Australian Government Research Training Program (RTP)
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review
Inclusion criteria	
Study design	RCTs, NRSIs, case studies and case reports
Population	--
Intervention	TCM in self-care, inclusive of singular therapeutic interventions that have been drawn from TCM.
Comparator	Not specified
Other	--
Exclusion criteria	
Study design	None specified
Population	Tai chi or qigong interventions
Intervention	None specified
Comparator	None specified
Other	None specified

Characteristics of included reviews	Umbrella review				
Review ID	**Harvie 2019**				
Date of documented search (month/year)	Database inception to July 2018				
Databases searched	CINAHL				
	AMED				
	Embase				
	PubMed				
	Medline				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Fatigue	Not reported	Brief fatigue inventory	
2	Not specified	Sleep quailty	Not reported	Pittsburgh sleep quality index	
3	--				
4	--				
5	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	CONSORT 2010 Checklist	The relevant studies were considered of high risk of bias			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Umbrella review				
Review ID	**Harvie 2019**				
1	Hughes 2015	RCT	P: Cancer patients (breast, prostate, colorectal) with chronic insomnia I: Self-acupressure	Christie NHS Foundation Trust	N=7 (?/?/2) C: Usual care & Auricular acupressure O: PSQI, concerns & wellbeing High quality
2	Zick 2016	RCT	P: Adult cancer patients with persistent moderate to severe fatigue I: Self-acupressure	Participant's home/private setting and study clinic	N=43 C: No intervention O: Fatigue, PSQI, QoL 12 weeks
3	Other eligible studies reported elsewhere. All othert studies were in acupuncture or other chinese medicines and were therefore not eligible for inclusion.				
4	--				
5	--				
5	--				
6	--				
Authors conclusions (key message)	This review draws attention to the potential role of TCM self-care techniques including acupressure, in settings outside of Asia, beyond the sole practices of tai chi and qigong, as an adjunct to health maintenance and recovery. Only tentative conclusions can be drawn from the existing research, however, due to variability across studies in reporting transparency and the overall low number of studies retrieved. Further research is warranted.				

Characteristics of included reviews	Cancer-related sleep disturbances
Review ID	**Liu 2020**
Review Title	Somatic Acupoint Stimulation for Cancer-Related Sleep Disturbance: A Systematic Review of Randomized Controlled Trial
Review objective	Analyse and synthesize available evidence for the effects of somatic acupoint stimulation (SAS) on cancer-related sleep disturbance in adults with cancer.
Author affiliations	All authors are affiliated with a tertiary institution in China, Hong Kong or Australia
Source of funds	Charles Darwin University Institute of Advanced Studies (IAS) Rainmaker Readiness Grant.
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review
Inclusion criteria	
Study design	RCTs
Population	Adult patients with cancer reporting sleep disturbance regardless of types or stages of cancer or previous cancer treatments
Intervention	Manual acupuncture or acupressure on the specific body acupoints as interventions performed or taught by acupuncture practitioners, Chinese medicine practitioners, nurses, or other health care professionals
Comparator	Routine methods of treatment for cancer-related sleep disturbance, sham (placebo) SAS, or usual care
Other	(c). safety of SAS, including any adverse events of SAS, such as dizziness and local bleeding, and the number of participants dropping out due to adverse events; and (d). cost-effectiveness of SAS
Exclusion criteria	
Study design	None specified
Population	None specified
Intervention	All forms of auricular acupoint stimulation, electronic acupoint stimulation, point injection, and transcutaneous electrical nerve stimulation were excluded.
Comparator	None specified
Other	None specified

Characteristics of included reviews	Cancer-related sleep disturbances				
Review ID	**Liu 2020**				
Date of documented search (month/year)	Database inception through July 2019				
Databases searched	PubMed	Web of Sciences			
	PsychInfo	Chinese Medical literature Database			
	CINAHL	Excerpta Medica Database			
	CCRCT	Allied and Complementary Medicine			
	Wanfang database				
Was an non-English database searched?	Yes	Chinese Medical literature Database and Wanfang database			
Were studies in a language other than English included?	Yes	English and Chinese only			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Cancer related sleep disturbance and sleep quality	Not specified	Any validated tool	--
2	Primary	Hours of sleep and sleep efficiency	Not specified	Self-reported	Determined by the ratio of the total sleep time to the time spent in bed
3	Secondary	QoL	Not specified	Any validated tool	--
4	Secondary	Satisfaction with SAS	Not specified	Any	Including any adverse events of SAS, such as dizziness
5	Secondary	Cost effectiveness of SAS	Not specified	--	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane Back review RoB tool	Randomisation was mentioned in all seven RCTs, and six of which provided the precise descriptions of the processes used to generate random sequences. Adequate allocation concealment was described in four RCTs (low risk of bias). Only five RCTs reported a blind design for the participants and outcome assessor (low risk of bias).			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Cancer-related sleep disturbances				
Review ID	**Liu 2020**				
1	Hoang 2019	RCT	P I: Self-acupressure	Vietnam,	N=114 C: Sham & No intervention O: Insomnia severity, sleep diary 4 weeks RoB: Score 6/13
2	Tang 2014	RCT	P: I: Self-acupressure alone or + oils	Taiwan	N=57 C: Sham O: PSQI 5 months RoB: Score 11/13
3	Zick 2016	RCT	P: I: self-acupressure (relaxing, stimulating)	USA	N=288 C: usual care O: PSQI
4	--				
5	--				
5	--				
6	--				
Authors conclusions (key message)	This systematic review showed that SAS is a useful approach to relieving cancer-related sleep disturbance. However, research evidence on SAS for managing cancer-related sleep disturbance has not been fully conclusive due to the limited number of existing clinical studies with relatively small sample size and suboptimal methodological quality. Clinical trials with large sample size and robust methodology are warranted in future research				

Characteristics of included reviews	Dementia
Review ID	**Lee 2011a**
Review Title	Acupressure for Treating Neurological Disorders: A Systematic Review
Review objective	To evaluate the evidence for or against the effectiveness of acupressure as a symptomatic treatment for patients with neurological disorders
Author affiliations	All 5 authors are affiliated with tertiary institutions in South Korea
Source of funds	Not reported
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Systematic review
Inclusion criteria	
Study design	All prospective controlled clinical studies
Population	Neurological disorders
Intervention	Acupressure
Comparator	Not reported
Other	No lanaguage restriction
Exclusion criteria	
Study design	Case studies, case series, uncontrolled observational studies
Population	None specified

Characteristics of included reviews	Dementia					
Review ID	**Lee 2011a**					
Intervention	Reflexology, hand massage, lymph drainage, or other forms of massage					
Comparator	Acupressure vs acupressure (different types)					
Other	Those that failed to provide detailed results					
Date of documented search (month/year)						
Databases searched	Medline	AMED	Embase	CINAHL	CNKI	Cochrane
Was an non-English database searched?	Yes	Six Korean medical databases, Chinese medical database (CNKI)				
Were studies in a language other than English included?	Yes	No language restrictions imposed				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*		
1	Not specified	Behavioural symptoms	Not reported	CMAI		
2	--					
3	--					
4	--					

Characteristics of included reviews	Dementia				
Review ID	**Lee 2011a**				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane tool for assessing the risk of bias	All of the included trials had a high risk of bias. One RCT employed an inadequate method of sequence generation (Kang et al., 2009) while the other RCT did not report the method used (Pikoff, 1989). Furthermore, all of the included trials failed to report allocation concealment. One trial used patient blinding (Pikoff, 1989), while none mentioned any adverse events.			
NRSI	--	not included			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Yang 2007	Controlled clinical trial (quasi)	P: Dementia (65-86 yrs.) I: Acupressure Pilot 4 weeks	Not specified	N = 31 (13/7) 'C: Attention control O: Agitation High risk of bias in one or more key domains
2	--				
3	--				
4	--				

Characteristics of included reviews	Dementia				
Review ID	**Lee 2011a**				
5	--				
6	--				
7	--				
8	--				
9	--				
Authors conclusions (key message)	Evidence in the systemtic review showing that acupressure is an effective treatment for improving function and symptoms in patients with stroke is limited. However, the evidence is insufficient to draw conclusions concerning the effects of acupressure on other neurological disorders. More rigorous studies are warranted.				

Characteristics of included reviews	Umbrella review
Review ID	**Robinson 2011**
Review Title	The evidence for Shiatsu: a systematic review of Shiatsu and acupressure
Review objective	To systematically review all papers using Shiatsu or acupressure for any health condition for any population, using either a systematic review/meta-analysis, RCT, quasi-experimental, or uncontrolled design.
Author affiliations	Two authors are affiliated with a tertiary institution in the UK and one author is affiliated with a tertiary institution in China
Source of funds	Shiatsu Society, UK
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Other (specify) Narrative review
Inclusion criteria	
Study design	Meta-analysis, systematic review or clinical trial
Population	Any health condition
Intervention	Shiatsu or acupressure administered manually/bodily
Comparator	Not reported
Other	Published after January 1990
Exclusion criteria	
Study design	Guidelines for treatment, reports of possible adverse events, surveys, case reports/series, non systematic reviews, qualitative studies, conference abstracts/posters, newspaper articles, book reviews, popular health publications, general comments or letters, papers included in systematic reviews included in this review
Population	--

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
Intervention	Use of plasters, devices or wristbands, Acupressure on auricular or Korean points/meridians				
Comparator	--				
Other	Papers in a language other than English				
Date of documented search (month/year)	Not reported				
Databases searched	EMBASE	CINAHL	AMED	Blackwell Synergy	
	PsychInfo	British Nursing Index		ZETOC	
	Science Direct	Ingenta Select	Wiley Interscience		
	Medline	EBM reviews (includes all Cochrane Library resources)			
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	_Primary?_	_Description_	_timing_	_measured with_	_Other notable features_
1	Not specified	Behavioural symptoms	Not reported	CMAI	--
2	--				
3	--				
4	--				

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not reported	--			
NRSI	Not reported	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Yang 2007	RCT	P: Dementia	Not reported	N=12 C: ? O: agitation
2	Lin 2009	RCT	P: Dementia	Not reported	C: Monstessori-based activities O: agitation
3	Other studies considered elsewhere (See Musculoskeletal pain, Mental & behavioural, Sleep-Wake disorders)				
4	--				

Characteristics of included reviews	Umbrella review				
Review ID	Robinson 2011				
5	--				
6	--				
7	--				
8	--				
9	--				
Authors conclusions (key message)	Evidence is improving in quantity, quality and reporting, but more research is needed, particularly for Shiatsu, where evidence is poor. Acupressure may be beneficial for pain, nausea and vomiting and sleep. Fairly good evidence existed for agitation in dementia compared to control, although generalisability was limited by small sample size, lack of control and high attrition. No data provided				

Characteristics of included reviews	Dementia
Review ID	**Strom 2016**
Review Title	Sensory stimulation for persons with dementia: a review of the literature
Review objective	To provide an overview of available sensory stimulation interventions, and their effect on persons with dementia
Author affiliations	All 3 athors are affiliated with tertiary institutions in Norway
Source of funds	Not reported
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Systematic review
Inclusion criteria	
Study design	RCTs, controlled clinical trials, cross-over trials and pre-post studies (with control)
Population	People diagnosed with dementia, including Alzheimer disease, frontotemporal dementis, vascular dementia and mixed Alzheimer's disease
Intervention	Acupressure
Comparator	Not reported
Other	Studies published in English
Exclusion criteria	
Study design	Dissertations
Population	Caregivers

Characteristics of included reviews	Dementia			
Review ID	**Strom 2016**			
Intervention	Pharmacological interventions and sensory stimulations			
Comparator	Not reported			
Other	Home setting			
Date of documented search (month/year)	Date of inception to August 2014			
Databases searched	CINAHL PubMed Cochrane PsychINFO			
Was an non-English database searched?	No	--		
Were studies in a language other than English included?	No	--		
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*
1	Not specified	Behavioural symptoms	Not reported	CMAI
2	--			
3	--			
4	--			

Characteristics of included reviews	Dementia				
Review ID	**Strom 2016**				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	CASP quality assessment tool	This tool consists of 11 items, evaluating the following properties of studies: valid result of the review, what the findings are and if the result will have an impact clinically. Specific assessements per study are not provided.			
NRSI					
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Risk of bias*	*Setting*	*Other notable features*
1	Lin 2009	RCT	P: Dementia (stage not specified) I: Acupressure daily, 4 weeks	Not specified	N = 133 (42/39/52) 'C: Montessori-based activites & attention control O: agitation (CMAI), ease of care (AARS) Score 11/11
2	--				
3	--				
4	--				

Characteristics of included reviews	Dementia				
Review ID	**Strom 2016**				
5	--				
6	--				
7	--				
8	--				
9	--				
Authors conclusions (key message)	The study reported that the Montessori group scored significantly better than the acupressure group on effect for both outcomes (no data provided).				

Characteristics of included reviews	Dementia
Review ID	**Liu 2018**
Review Title	Acupoint Massage for Managing Cognitive Alterations in Older Adults: A Systematic Review and Meta-Analysis
Review objective	To evalate the effect of acupoint massage in preventing the development of cognitive decline in older adults
Author affiliations	All 4 authors are affiliated with one tertiary instiution in China
Source of funds	Specialized Research Fund from Fujian University of Traditional Chinese and Fujian Provincial College of New Century
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Systematic review Meta-analysis
Inclusion criteria	
Study design	RCTs
Population	Older adults (≥60 years)
Intervention	Acupoint massage
Comparator	At least one outcome measuring cognitive function
Other	
Exclusion criteria	
Study design	Non-randomised studies
Population	Not reported

Characteristics of included reviews	Dementia			
Review ID	**Liu 2018**			
Intervention	Acupoint massage in addition to other treatment methods			
Comparator	Acupoint massage			
Other	Not reported			
Date of documented search (month/year)				
Databases searched	Medline	Science-Direct	WANFANG database	
	PubMed	CENTRAL	Chinese Biomedical Literature database	
	Embase	Chinese Scientific Journals database		
	CINAHL	China National Knowledge Infrastructure		
Was an non-English database searched?	Yes	As above		
Were studies in a language other than English included?	Yes	Chinese		
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*
1	Not specified	Neucognitive function	Not reported	MMSE
2	--			
3	--			
4	--			

Characteristics of included reviews	Dementia				
Review ID	**Liu 2018**				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane tool	One acupressure study was judged to have a low risk of bias and one a low or unclear risk of bias			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Sun 2016	RCT	P: Elderly (60+ yrs) with MCI, I: Self acupoint massage 3 & 6 months	Chinese (not in English) as adjunct to community services	N = 76 (38/38) 'C: Control (no intervention) O: MMSE, MoCA Jadad score 4/5
2	Feng 2015	RCT	P: Elderly (60+ yrs) with MCI, I: Self acupoint massage 3 months	Chinese (not in English) as adjunct to normal health education	N = 100 (50/50) C: Control (no intervention) O: MMSE, WMS-RC Jadad score 1/5
3	--				
4	--				

Characteristics of included reviews	Dementia				
Review ID	**Liu 2018**				
5	--				
6	--				
7	--				
8	--				
9	--				
Authors conclusions (key message)	The findings suggested that acupoint massage is an effective intervention for maintaining cognitive functions in older adults.				

Characteristics of included reviews	Umbrella review
Review ID	**Hmwe 2019**
Review Title	Hmwe NTT, Browne G, Mollart L, Allanson V, Chan SW. An integrative review of acupressure interventions for older people: A focus on sleep quality, depression, anxiety, and agitation. International Journal of Geriatric Psychiatry 2019;34(3):381-96
Review objective	To synthesize studies that investigated the effects of acupressure on sleep quality, depression, anxiety, and agitation in older people
Author affiliations	2 authors are affiliated with University of Newcastle, NSW Australia
Source of funds	University of Newcastle Research Scholarship Central; University of Newcastle International Postgraduate Research Scholarship
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review We used narrative synthesis, instead of systematic review, due to heterogeneity of study designs and variation in acupressure intervention protocol
Inclusion criteria	
Study design	an original study examining the effect of acupressure (any design)
Population	elderly or older people aged 60 years and above
Intervention	body acupressure with manual application or using devices
Comparator	Not specified
Other	studies that measured any of the four outcomes namely: sleep quality, depression, anxiety, or agitation
Exclusion criteria	
Study design	None
Population	People aged below 60 years

Characteristics of included reviews	Umbrella review					
Review ID	**Hmwe 2019**					
Intervention	Auricular acupressure or acupoints in the ear					
Comparator						
Other	Articles published in a language other than English					
Date of documented search (month/year)	There was no limit for year of publication but date of search not specified. Includes papers published form 1999 to present.					
Databases searched	CINAHL	Cochrane	Embase	Medline		
Was an non-English database searched?	No	--				
Were studies in a language other than English included?	No	Restricted to articles published in English language.				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*	
1	Not specified	Behavioural symptoms	Not reported	CMAI	--	
2	Not specified	Psychosocial wellbeing	Not reported	Salivary cortisol	--	
3	--					
4	--					

Characteristics of included reviews	Umbrella review				
Review ID	**Hmwe 2019**				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	JBI checklist for RCTs	One 2 RCTs considered good quality. 10 RCTs scored a 7, 8 or 9 out of 13 questions on the checklist. Only 2 RCTs scored 12 out of 13. 2 RCTs score 6 or below.			
NRSI	JBI checklist for NRSIs	One 2 RCTs considered good quality. '2 studies scored 8 out of 9, one study scored 6 out of 9, the other 2 studies scored 5 or less.			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Lu 2013	RCT	Psychogeriatric	Psychiatric hospital	N=60 (30/30) C: routine care O: PSQI, actigraphy JBI Score 8/13
2	Lei 2015	RCT	P: Primary hypertension I: Acupressure	China, hospital ward as adjunct to mental health education	N=68 (34/34) C: Control + mental health education O: PSQI (P<0.05) JBI Score 7/13
3	Tse & Au 2010	RCT	Chronic knee pain	Hong Kong pseudorandomised	N= 62 (32/30) C: Usual care O: GDS JBI Score 8/9
4	Lin 2009	RCT	P: Dementia I: Acupressure	Institutionalised, Taiwan crossover study	N=133 C: montessori-activity & control O: Agitation (CMAI) JBI Score 8/13

Characteristics of included reviews	Umbrella review				
Review ID	**Hmwe 2019**				
5	Kwan 2017	RCT	P: Dementia I: Acupressure	Institutionalised, Hong Kong	N=119 C: sham & control O: Agitation (CMAI) JBI Score 12/13
6	--				
7	--				
8	--				
9	--				
Authors conclusions (key message)	Study findings consistently showed that acupressure improved sleep quality that was sustained. The findings also indicated that level of depression was reduced after acupressure the intervention, but ddetails on followup missing. There were inconsistent findings on the effects of acupressure on anxiety and agitation.				

Characteristics of included reviews	Dementia
Review ID	**Margenfield 2019**
Review Title	Manual massage for persons living with dementia: A systematic review and meta-analysis
Review objective	To conduct a systematic review with a meta-analysis of the evidence for the efficacy of manual massage for persons living with dementia.
Author affiliations	All 3 authors were associated with a health institution and a tertiary institution in Germany
Source of funds	Karl and Veronica Carstens-Foundation
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis
Inclusion criteria	
Study design	RCTs
Population	Adult participants with any type of dementia diagnosed by the Mini Mental State Examination, Diagnostic and Statistical Manual of Mental Disorders IV, diagnosis made by a physician or documented diagnosis of dementia
Intervention	Non-pharmacological interventions including skin-to-skin contact and hand massage interventions. Combined interventions with ethereal oil (e.g. lavender) or a pharmaceutical application on the skin (e.g. a patch), were also included.
Comparator	No limitation
Other	Primary outcomes included Cohen Mansfield Agitation Inventory, Neuropsychiatric Inventory, Cornell Scale of Depression in Dementia, Mini Mental State Examination and Barthel Index. Language was restricted to English or German.
Exclusion criteria	
Study design	None specified
Population	None specified

Characteristics of included reviews	Dementia				
Review ID	**Margenfield 2019**				
Intervention	Interventions that broke the skin barrier e.g. needle techniques (i.e. acupuncture) and interventions without mechanical stimulus				
Comparator	None specified				
Other	Studies with a duration of less than one week were excluded				
Date of documented search (month/year)	Database inception to August 2017				
Databases searched	PubMed	Embase	PSYNDEX	EMB	OSTMED.DR
	PsycINFO	Medline	Osteopathic Research Web	BIOSIS	
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Primary	Behavioural symptoms	Not specified	Neuropsychiatric Inventory, Cohen Mansfield Agitation Inventory	
2	Primary	Psychological wellbeing	Not specified	Mini Mental State Examination, Cornell Scale of Depression in Dementia	
3	Primary	Functional capacity	Not specified	Barthel Index	
4	--				

Characteristics of included reviews	Dementia				
Review ID	**Margenfield 2019**				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane tool for assessing the risk of bias	The overall risk of bias in included studies was mixed, largely due to missing information and difficulties with respect to blinding of participants and evaluators. Mariko 2015 was judged to be at unclear risk of bias for selection, performance (blinding), and reporting. Kwan 2017 was at low risk of bais for all domains.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Mariko 2015	RCT	P: Dementia I: Acupressure 2x per day for 4 weeks	Japan, Hospital	N = 23 (11/12) 'C: Placebo O: MMSE, Neuropsychiatric Inventory, Barthel Index Some concerns for one or more domains, but no high risk of bias
2	Kwan 2017	RCT	2x per day for 2 weeks	China, Residential care home	N = 119 (39/41//39) 'C: Sham & Other (not described) O: Agitation (CAI), Stress (Salivary cortisol) Low risk of bias for all key domains
3	--				
4	--				

Characteristics of included reviews	Dementia				
Review ID	**Margenfield 2019**				
5	--				
6	--				
7	--				
8	--				
9	--				
Authors conclusions (key message)	Mariko 2015 reported a significant decrease of NPI scores from (baseline) to end of treatment (four weeks) in the intervention group, but not in the control group (acupressure vs placebo results are only available in the meta-analysis). Authors report no significant difference between acupressure and the placebo and control groups for MMSE and BI (timing not reported). Kwan 2017 reported no significant difference in agitation over time between I and C (P = 0.052) post hoc pairwise tests in the acupressure group showed significant reduction of agitation at T2 (5 weeks) (P < 0.001)				

Characteristics of included reviews	Mild cognitive impairment and Dementia
Review ID	**O'Caoimh 2019**
Review Title	Non-pharmacological treatments for sleep disturbance in mild cognitive impairment and dementia: A systematic review and meta-analysis
Review objective	To review the current evidence base behind non-pharmacological treatment options for sleep disturbance in those with established mild cognitive impairment and dementia
Author affiliations	5 authors are affiliated with a tertiary institution in Ireland, 2 authors are affiliated with hospitals in Ireland and 1 author was affiliated with a rehabilitation centre in Ireland.
Source of funds	Authors report no funding was received.
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis
Inclusion criteria	
Study design	RCTs and observational studies
Population	People with mild cognitive impairment (MCI) or dementia
Intervention	Non-pharmacological interventions including acupressure, acupuncture, physical exercise/activities, light exposure, electrotherapy stimulation and mindfulness/cognitive behavioural therapy.
Comparator	No limitation
Other	Included subjective and objective markers of sleep. Other outcome measures included cognition, behaviour, mood, quality of life and ADLs. Language was restricted to English. No limitation on date of publication and clinical setting.
Exclusion criteria	
Study design	Conference abstracts were excluded. Narrative reviews, systematic reviews and meta-analyses were not included but reference lists were search for relevant outcomes.
Population	None

Characteristics of included reviews	Mild cognitive impairment and Dementia			
Review ID	**O'Caoimh 2019**			
Intervention	Pharmacological therapies (alone or in combination with non-pharmacological treatments)			
Comparator	None			
Other				
Date of documented search (month/year)	October 1965 to October 2018			
Databases searched	PubMed	Embase	CINAHL	
Was an non-English database searched?	No			
Were studies in a language other than English included?	No			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*
1	Primary	Sleep quality	--	Pittsburgh Sleep Quality Index (PSQI); 19-item survey on subjective sleep quality, rather recorded sleep log/diary, actigraphy, non-invasive monitoring, Insomnia severity index (ISI)
2	Secondary	Neurocognitive function	--	Mini Mental State Examination (MMSE), Alzheimer's Disease Assessment Scale-Cognitive (ADAS-cog), Clinical Dementia Rating scale (CDR), Montreal Cognitive Assessment (MoCA), Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
3	Secondary	Behavioural symptoms	--	Behavioural Pathology in Alzheimer Disease scale (BEHAVE-AD), Revised Memory and Behaviour Problem Checklist (RMBPC), Agitated Behaviour Rating Scale (ABRS), Cohen-Mansfield Agitation Inventory (CMAI), Neuropsychiatric Inventory (NPI)
4	Secondary	Psychosocial wellbeing	--	Geriatric Depression Scale (GDS), Behavioural and Psychological Symptoms of Dementia (BPSD)

Characteristics of included reviews	Mild cognitive impairment and Dementia			
Review ID	**O'Caoimh 2019**			
5	Secondary	Quality of life	--	NR
6	Secondary	Functional capacity	--	Cumulative Illness Rating Scale–Geriatric (CiRS-G)
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*		
RCTs	Cochrane tool for assessing the risk of bias	Most RCTs included in the meta-analysis showed unclear risk of bias		
NRSI	The Crowe Critical Appraisal Tool	Not reported		
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Risk of bias*	*Setting*	*Other notable features*
1	One single arm study, but no eligible comparative studies found.			
2	--			
3	--			
4	--			

Characteristics of included reviews	Mild cognitive impairment and Dementia				
Review ID	**O'Caoimh 2019**				
5	--				
6	--				
7	--				
8	--				
9	--				
Authors conclusions (key message)	Authors do not report on acupressure results.				

Characteristics of included reviews	Umbrella review
Review ID	**Chen 2020a**
Review Title	Systematic Review and Meta-Analysis on Using Acupressure to Promote the Health of Older Adults
Review objective	What is the effect of acupressure for health promotion of older adults?
Author affiliations	All four authors are affiliated with tertiary institutions
Source of funds	Yuh-ing Junior College of Health Care and Management Grant
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis Comprehensive Meta-analysis 2.0 software was used. When there was homogeneity between studies, a fixed effects model was used for analyses; when there was heterogeneity between studies, a random effects model was used. Heterogeneity was measured by I2 statistics. A sensitivity analysis was further performed when there was heterogeneity between studies to exclude inappropriate studies for reanalysis. When different assessment methods were used, standardized mean difference was used to estimate the combined effect size. Effect sizes of 0.2, 0.5, and 0.8 represent a small, medium, and large effect, respectively. The publication bias was examined using Egger's regression test, with p < .1 representing asymmetrical statistical significance.
Inclusion criteria	
Study design	RCTS
Population	Older adults
Intervention	Acupressure
Comparator	Not specified
Other	--
Exclusion criteria	
Study design	Case reports
Population	Not specified

Characteristics of included reviews	Umbrella review				
Review ID	**Chen 2020a**				
Intervention	Studies in which other treatment methods were used as the intervention in addition to acupressure, and the sole effect of the acupressure could not be identified				
Comparator	Not specified				
Other	Studies written in a language other than English				
Date of documented search (month/year)	2012-2017				
Databases searched	Medline	Cochrane	AMED	WANFANG Data	
	PubMed	Embase	ProQuest Health and Medical Complete		
	PsycINFO	CINAHL	Web of Science	Chinese Electronical Periodical services	
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Chinese and English language studies			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Authors provide a meta-Analysis on Sleep Quality, Cognitive Function, Constipation, Pain, and Quality of Life. Other otucomes include depression, agitation, anxiety, stress, and flatulence.				
2	Not specified	Neurocongnitive function	Not reported	MMSE	
3	Not specified	Sleep quality	Not reported	PSQI, Speigel Sleep Inventory	
4	Not specified	Constipation	Not reported	PAC-SYM, num ber of bowel movements	

Characteristics of included reviews	Umbrella review					
Review ID	Chen 2020a					
5	Not specified	Pain	Not reported	VAS		
6	Not specified	Quality of life	Not reported	WHO-BREF, SF-36, PAC-QOL		
Risk of bias of the included studies as reported in the SR	Tool used	Authors summary				
RCTs	Modified Jadad scale	A total of 36 studies, including 25 papers written in Chinese and 11 in English, were identified for quality evaluation using the Modified Jadad Scale. 18 studies that were scored 4 or higher contributed to the study.				
NRSI	--	--				
Characteristics of eligible studies included in the SR	Study ID	Study design	Features	Setting	Other notable features	
1	Sun 2015	RCT	P: Community older adults with mild cognitive dysfunction	Chinese	C: Health education O: MMSE Jadad score 5/8	
2	Wan 2017	RCT	P: Dementia	Community care, Chinese	C: Usual care O: MMSE Jadad score 4/8	
3	Studies in other populations included elsewhere (if eligible population found in shiatsu) See Constipation, Hypertension, Insomnia 3 studies were in auricular acupressure and not eligible for our review.					
4	Zeng 2016	RCT	P' Older adults with insomnia I: acupressure	Not specified	C: Health education O: PSQI, MMSE	

Characteristics of included reviews	Umbrella review				
Review ID	**Chen 2020a**				
5	Chen & Lo 2016	RCT	P' Older adults I: acupressure	Chinese	'C: Health education O: PSQI
6	Chan 2017	RCT	P: Frail older adults	Community dwellings	C: Waitlist O: PSQI, pain, QoL
7	Chen 2013	RCT	P: Hypertension I: Acupoint massage	Nursing home Chinese	C: Estazolam 2mg O: PSQI Jadad score 4/8
8	Lei 2015	RCT	P: Primary hypertension I: Acupressure massage	China, hospital ward adjunct: mental health education	N=68 (34/34) 'C: Health education O: PSQI, cognitive functioning Jadad score 4/8
9	Zheng 2014	RCT	P: Elderly with hypertension I: Acupoint massage	Not specified	C: Health education O: PSQI, QoL Jadad score 4/8
Authors conclusions (key message)	Acupressure was highly effective for improving sleep quality and cognitive functioning (0.85, 95% confidence interval [CI] = [0.49, 1.22]; 1.23, 95% CI = [0.88, 1.59]). A slight to moderate effect was found in alleviating constipation (0.37, 95% CI = [0.03, 0.71]), and a moderate effect was found for alleviating pain and improving quality of life (0.71, 95% CI = [0.09, 1.32]; 0.59 95% CI = [0.36, 0.82].				

Characteristics of included reviews	Insomnia
Review ID	**Cao 2009**
Review Title	Acupuncture for Treatment of Insomnia: A Systematic Review of Randomized Controlled Trials
Review objective	The meta-analysis aimed to quantitatively assess the overall effects compared with sham acupressure and standard treatments (pharmacotherapy or behaviour modification).
Author affiliations	Three authors were affiliated with a tertiary institution in Beijing
Source of funds	National Basic Research Program of China, National Center for Complementary and Alternative Medicine (NCCAM) of the U.S. National Institutes of Health
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis
	Not reported
Inclusion criteria	
Study design	RCTs
Population	People with insomnia
Intervention	Acupressure
Comparator	No treatment, placebo or basic medical therapy
Other	No limitations on language
Exclusion criteria	
Study design	Not reported
Population	Not reported
Intervention	Not reported
Comparator	Not reported

Characteristics of included reviews	Insomnia				
Review ID	**Cao 2009**				
Other	Not reported				
Date of documented search (month/year)	Date of inception to December 2008				
Databases searched	PubMed China Network Knowledge Infrastructure Chinese Scientific Journal Database VIP Wan Fang Database	Cochrane			
Was an non-English database searched?	Yes	--			
Were studies in a language other than English included?	Yes	No restriction			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Primary	Not specified	Not reported	Pittsburgh Sleep Quality Index (PSQI), sleep duration, Index of Severity of Insomnia	
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Category A (good), Category B (fair) and Category C (poor)	Authors evaluated studies according to these categories. Most studies were judged to have moderate risk of bias.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 1999	RCT	P: Sleep problems I: Acupressure	Institutionalised, China	Sample size: 28/28 C: treatment/control O: PSQI 5 sessions per week for 3 weeks

Characteristics of included reviews	Insomnia				
Review ID	**Cao 2009**				
2	Qui 1999	RCT	P: Insomnia I: Acupressure + chinese herbal medicine	China	N= 53/36 C: Estazolam + herbal medicine O: improvement in hours sleep
3	Two RCTs (Tsay 2003, Tsay 2004) examining acupressure in patients with end-stage renal disease not included here as there is no matching Shiatsu population. All other RCTs identified by the review authors are in acupuncture, auricular acupressure Several RCTs identified by the review authors also exlcudedd as the data were not avialbale due to inadequate reporting.				
4	--				
5	--				
6	--				
7	--				
8	--				
9	--				

Characteristics of included reviews	Insomnia
Review ID	Cao 2009
10	--
11	--
12	--
13	--
14	--
15	--
16	--
17	--
18	--
18	--
19	--
Authors conclusions (key message)	Meta-analyses showed a beneficial effect of real acupressure compared with sham acupressure

Characteristics of included reviews	Umbrella review
Review ID	**Lee 2011c**
Review Title	The Efficacy of Acupressure for Symptom Management: A Systematic Review
Review objective	Review randomized controlled trials that investigated the efficacy of acupressure for the management of symptoms
Author affiliations	Two authors are affiliated with a tertiary institution and hospital in the US
Source of funds	Review randomized controlled trials that investigated the efficacy of acupressure for the management of symptoms
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Other (specify)
	Narrative review
Inclusion criteria	
Study design	RCTs
Population	Not reported
Intervention	Acupressure for symptom management
Comparator	Not specified
Other	Written in English; A review of studies for individual symptoms was included in this review if there were at least four trials for management of a particular symptom.
Exclusion criteria	
Study design	Not reported
Population	Not reported
Intervention	Not reported
Comparator	Not reported

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
Other	Not reported				
Date of documented search (month/year)	Jan 2000 to January 2010				
Databases searched	CINAHL Pubmed Medline --				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	No	English langauge only			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Sleep quality	Not reported	PSQI	--
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB	The average risk of bias score was 3.8 for RCTs focused on nausea/vomiting, 4.8 for studies investigating pain management, 2.3 for studies of efficacy for dyspnoea, and 2.5 for those studying the reduction of fatigue/insomnia.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Nordio 2008	RCT	P: Sleep problems I: Acupressure band at HT7 for 10 hours daily for 20 days	Italy	N= 40 C: Sham (wristband in different meridian) O: Significantly improved sleep andmelatonin biorhythm

Characteristics of included reviews	Umbrella review
Review ID	Lee 2011c
2	Other eligible studies reported elsewhere. (See Cancer, Sleep/Wake, Musculoskeletal)
3	--
4	--
5	--
6	--
7	--
8	--
9	--

Characteristics of included reviews	Umbrella review					
Review ID	**Lee 2011c**					
10	--					
11	--					
12	--					
13	--					
14	--					
15	--					
16	--					
17	--					
18	--					
18	--					
19	--					
Authors conclusions (key message)	Acupressure may be a useful strategy for the management of multiple symptoms in a variety of patient populations, but rigorous trials are needed. Inclusion of acupressure as an intervention may improve patient outcomes.					

Characteristics of included reviews	Umbrella review
Review ID	**Robinson 2011**
Review Title	The evidence for Shiatsu: a systematic review of Shiatsu and acupressure
Review objective	To systematically review all papers using Shiatsu or acupressure for any health condition for any population, using either a systematic review/meta-analysis, RCT, quasi-experimental, or uncontrolled design.
Author affiliations	Two authors are affiliated with a tertiary institution in the UK and one author is affiliated with a tertiary institution in China
Source of funds	Shiatsu Society, UK
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Other (specify)
	Narrative review
Inclusion criteria	
Study design	Meta-analysis, systematic review or clinical trial
Population	Any
Intervention	Shiatsu or acupressure administered manually/bodily
Comparator	Not reported
Other	Published after January 1990
Exclusion criteria	
Study design	Guidelines for treatment, reports of possible adverse events, surveys, case reports/series, non systematic reviews, qualitative studies, conference abstracts/posters, newspaper articles, book reviews, popular health publications, general comments or letters, papers included in systematic reviews included in this review
Population	Not reported
Intervention	Use of plasters, devices or wristbands, Acupressure on auricular or Korean points/meridians
Comparator	Not reported

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
Other	Papers in a language other than English				
Date of documented search (month/year)	Not reported				
Databases searched	EMBASE	CINAHL	AMED	Blackwell Synergy	
	PsychInfo	British Nursing Index		ZETOC	
	Science Direct	Ingenta Select	Wiley Interscience		
	Medline	EBM reviews (includes all Cochrane Library resources)			
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Sleep	Not reported	PSQI	4 studies
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB	Evidence is improving in quantity, quality and reporting, but more research is needed, particularly for Shiatsu, where evidence is poor. Acupressure may be beneficial for pain, nausea and vomiting and sleep			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 1999	RCT	Sleep problems	Institutionalised, China	No further details

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
2	Hsu 2006	RCT	Insomnia	Institutionalised, China	No further details
3	Reza 2010	RCT	Sleep problems	Nursing home, Iran	No further details
4	Sun 2010	RCT	Insomnia	Long-term care, Taiwan	No further details
5	One study (Chan 2006) not eligible for inclusion (not a comparative study) Studies for other conditiion reported elsewhere (see Mental & behavioural, Musculoskeletal).				
6	--				
7	--				
8	--				
9	--				

Characteristics of included reviews	Umbrella review
Review ID	**Robinson 2011**
10	--
11	--
12	--
13	--
14	--
15	--
16	--
17	--
18	--
18	--
19	--
Authors conclusions (key message)	Evidence is improving in quantity, quality and reporting, but more research is needed, particularly for Shiatsu, where evidence is poor. Acupressure may be beneficial for pain, nausea and vomiting and sleep.

Characteristics of included reviews	Chronic insomnia
Review ID	**Sarris 2011**
Review Title	A systematic review of insomnia and complementary medicine
Review objective	To conduct a comprehensive review on all major CAM treatments, including acupressure
Author affiliations	Two authors were affiliated with tertiary institutions in Australia
Source of funds	Australian National Health & Medical Research Council
Declared interests of the review authors	No conflicts of interest were declared
Review method of analysis	Systematic review --
Inclusion criteria	
Study design	RCTs
Population	Adults with chronic insomnia
Intervention	Acupressure (the study included a total of 16 CAM therapies); duration of intervention ≥1 week
Comparator	Sham or active intervention (e.g. benzodiazepine)
Other	Have measurable outcomes on either sleep latency, maintenance, quality, or next day functioning; jadad risk of bias score of ≥5/10; published in English; sample size ≥ 10
Exclusion criteria	
Study design	Not reported
Population	Not reported
Intervention	Psychological intervention, bright-light therapy, exericse and music therapy, people taking melatonin
Comparator	Not reported

Characteristics of included reviews	Chronic insomnia					
Review ID	**Sarris 2011**					
Other	Not reported					
Date of documented search (month/year)	Date of inception to late 2009					
Databases searched	Medline	CINAHL	PsycINFO	Cochrane		
	--					
	--					
	--					
Was an non-English database searched?	No	--				
Were studies in a language other than English included?	No	--				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*		
1	Not specified	Sleep quality	Not reported	PSQI		
2	--					
3	--					
4	--					
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*				
RCTs	Modified Jadad	This study only included studies with a jadad scale of ≥5/10; no conclusion reported				
NRSI	--	--				
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*	
1	Chen 1999	RCT	P: Sleep problems I: Acupressure score 8/10 on Modified Jadad	Institutionalised, China	N=84 C: Sham & Control O: PSQI 4 weeks	

Characteristics of included reviews	Chronic insomnia				
Review ID	**Sarris 2011**				
2	Nordio 2008	RCT	P: Sleep problems I: Acupressure wrist band (heart 7 acupoint) score 9/10 on Modified Jadad	Not reported	N=44 C: Sham (non-acupoint) O: PSQI 3 weeks
3	All other RCTs identified by the review authors are in acupuncture, mind-body therapies such as Tai chi or yoga, or other pharmacotherapies				
4	--				
5	--				
6	--				
7	--				
8	--				
9	--				

Characteristics of included reviews	Chronic insomnia					
Review ID	**Sarris 2011**					
10	--					
11	--					
12	--					
13	--					
14	--					
15	--					
16	--					
17	--					
18	--					
18	--					
19	--					
Authors conclusions (key message)	Acupressure may help improve sleep quality scores in people with chronic insomnia compared to control interventions.					

Characteristics of included reviews	Insomnia
Review ID	**Yeung 2012**
Review Title	Acupressure, Reflexology and Auricular Acupressure for Insomnia: A Systematic Review of Randomised Controlled Trials
Review objective	To assess the efficacy and safety of acupressure, reflexology and auricular acupressure for insomnia.
Author affiliations	6 authors were affiliated with tertiary institutions in Hong Kong and 2 authors were affiliated with a hospital in Hong Kong
Source of funds	The Hospital Authority of Hong Kong.
Declared interests of the review authors	No conflicts of interest were declared
Review method of analysis	Meta-analysis Risk ratio with 95% confidence intervals. Authors used fixed effects model when statistical heterogeneity was absent and random effects model when heterogeneity was present
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Participates (age limitation not reported) with insomnia (diagnoses requirements not reported)
Intervention	Acupressure, reflexology and auricular acupressure (alone or as a co-intervention with Western medication or psychotherapy)
Comparator	Western medication, placebo or control interventions
Other	Authors considered any outcome measure, treatment duration or study quality. Language was restricted to English and Chinese.
Exclusion criteria	
Study design	Not RCT
Population	Not primarily on insomnia
Intervention	Needle acupuncture and other forms of stimulations
Comparator	Not comparing with Western practices, placebo or control

Characteristics of included reviews	Insomnia				
Review ID	**Yeung 2012**				
Other	None				
Date of documented search (month/year)	Database inception to January 2010				
Databases searched	Medline	Embase	Cochrane Central Register of Controlled Trials		
	Cumulative Index to Nursing and Allied Health Literature				
	Allied and Complementary Medicine				
	--				
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Authors do not report on methods of translation			
Outcomes included in SR (list)	Primary?	Description	timing	measured with	
1	Not specified	No prespecified outcomes	Not reported	No prespecified outcomes	
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	Tool used	Authors summary			
RCTs	Modified Jaded Scale and Cochrane	Modified Jaded Scale: The overall risk of bias for included studies were judged to be high. Nine (22%) of the 40 included studies had a Jadad score of >3 (higher scores indicate a better quality RCT) and were the only RCTs included in the efficacy analysis. All studies that reported adverse events were included in the safety analysis.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	Study ID	Study design	Features	Setting	Other notable features
1	Chen 1999	RCT	P: Sleep problems I: Acupressure Jadad score 2/5	Assisted living facility, Taiwan	N=102 (34/34/34) C: Sham acupressure & routine care O: PSQI Jadad score 2/5

Characteristics of included reviews	Insomnia				
Review ID	Yeung 2012				
2	Hsu 2006	RCT	P: Sleep problems I: ACupressure Jadad score 2/5	Long-term care institution, China	N=50 (25/25) C: sham acupressure O: PSQI
3	Nordio 2008	RCT	P: Insomnia I: Acupoitn wrist bands Jadad score 3/5	Italy, setting not described	N=40 (20/20) C: sham acupressure O: PSQI, STAI, GHQ-28
4	Reza 2010	RCT	P: Sleep problems I: Acupressure Jadad score 4/5	Nursing home residents, Iran	N=90 (30/30/30) C: sham acupressure and routine care O: PSQI, sleep diary
5	Sun 2005	RCT	P: Insomnia I: Acupressure Jadad score 2/5	Nursing home residents, Taiwan	N=50 (25/25) C: sham acupressure O: PSQI, AIS
6	Sun 2010	RCT	P: Insomnia I: Acupressure Jadad score 4/5	Nursing home residents, Taiwan	N=50 (25/25) C: sham acupressure O: AIS
7	He 2009	RCT	Jadad score 1/5	Inpatients/Outpatient of clinic, China	N=98 (49/49) C: Benzo O: Effective rate
8	Lan 2009	RCT	Jadad score 1/5	Inpatients, China	N=100 (50/50) C: Control (no intervention) as adjunct to sleep hygiene O: Effective rate
9	Li 2007	RCT	Jadad score 1/5	China, setting not clear	N=148 (74/74) C: Benzo O: Effective rate

Characteristics of included reviews	Insomnia				
Review ID	**Yeung 2012**				
10	Li 2009	RCT	Jadad score 2/5	Outpatients of clinic, China	N=60 (30/30) C: Benzo O: Effective rate, PSQI
11	Song 2007	RCT	Jadad score 1/5	Inpatients/Outpatient of clinic, China	N=100 (50/50) C: Benzo O: Effective rate
12	Zhou 2007	RCT	Jadad score 2/5	Outpatients of clinic, China	N=60 (30/30) C: Benzo O: PSQI
13	Seven other studies in acupressure identified - in other conditions not included in Shiatsu				
14	Dai (2007)	RCT	Jadad score 1/5	Patients with chronic kidney disease	
15	Feng (2007)	RCT	Jadad score 1/5		
16	Tsay (2003)	RCT	Jadad score 3/5		
17	Tsay (2004)	RCT	Jadad score 2/5		
18	Wang (2007)	RCT	Jadad score 1/5	People with depression	
18	Yu (2007)	RCT	Jadad score 1/5	People with cervical spondylosis	
19	Zhang (2007)	RCT	Jadad score 1/5	ICU patients on ventilator	
Authors conclusions (key message)	Acupressure was reported to be significantly more effective than sham acupressure in 5 of 5 primary studies. Pooled results of moderate quality studies (>3 Jaded score) demonstrated a significant difference in sleep quality (PSQI) in favour of acupressure when compared to sham acupressure.				

Characteristics of included reviews	Umbrella review
Review ID	**Tan 2015**
Review Title	Sham Acupressure Controls Used in Randomized Controlled Trials: A Systematic Review and Critique
Review objective	This systematic review intended to identity directions for future development of an adequate sham acupressure method, by exploring the common sham procedures in existing acupressure trials
Author affiliations	Three authors were affiliated with tertiatry institutions in China
Source of funds	None to declare
Declared interests of the review authors	No conflicts of interest were declared
Review method of analysis	Systemic review and critique
	--
Inclusion criteria	
Study design	RCTs
Population	None
Intervention	Acupressure
Comparator	Sham acupressure
Other	Studies published in English and Chinese
Exclusion criteria	
Study design	Not reported
Population	Not reported
Intervention	Electronic, manual and laser acupressure; moxibustion; auricular therapy
Comparator	Not reported

Characteristics of included reviews	Umbrella review				
Review ID	**Tan 2015**				
Other	Not reported				
Date of documented search (month/year)	Date of inception to July 2014				
Databases searched	Medline	Cochrane	CINAHL	Embase	PsycINFO	AMED
	PubMed	CENTRAL				
	Chinese Biomedical Literature Database (CBM)					
	Foreign Medical Journal Service (FMJS)					
Was an non-English database searched?	Yes	Chinese				
Were studies in a language other than English included?	Yes	Chinese				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Sleep quality	--	PSQI, The Athens Insomnia Scale	--
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane tool	Overall, methodological quality of the included trials was generally satisfactory, as studies of high risk of bias were excluded. Although, it is important to note that this systemiatic review was an umbrella trial and therefore this statment is not explicitly about insomnia trials.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Reza 2010	RCT	P: Sleep disturbances I: Acupressure delievered as adjunct to usual care	Nursing Home, Iran	C: Sham (irrelevant acupoints) & No intervention groups O: PSQI	N = 90 (30/30/30) 13 dropouts 3 visits per week for 4 weeks

Characteristics of included reviews	Umbrella review					
Review ID	Tan 2015					
2	Hsu 2006	RCT	P: Insomnia I: Acupressure	Long-term care, Taiwan	C: Sham (light touch) O: PSQI	N=50 (25/25) 0 dropouts Daily, 5 weeks
3	Nordi 2008	RCT	P: Insomnia I: Acupoint wrist bands	Italy, setting not described	C: Sham (irrelevant acupoints) O: PSQI, QoL, Anxiety (STAI), Urinary melatonin	N = 40 (20/20) 7 dropouts 20 days
4	Sun 2010	RCT	P: Insomnia I: Acupressure	Taiwan, long-term care	C: Sham (light touch) O: Athens Insomnia scale	N = 50 (25/25) 6 dropouts Daily, 5 weeks
5	--					
6	--					
7	--					
8	--					
9	--					

Characteristics of included reviews	Umbrella review
Review ID	**Tan 2015**
10	--
11	--
12	--
13	--
14	--
15	--
16	--
17	--
18	--
18	--
19	--
Authors conclusions (key message)	Acupressure was considered to be a benefical approach in managing a variety of health conditions. Authors do not report a conclusion for the effect of acupressure in people in insomnia.

Characteristics of included reviews	Umbrella review
Review ID	**Hmwe 2016**
Review Title	Hmwe, N. T., Subramaniam, P., & Tan, L. P. (2016). Effectiveness of Acupressure in Promoting Sleep Quality: A Systematic Review of Randomized Controlled Trials. Holistic nursing practice, 30(5), 283–293. https://doi.org/10.1097/HNP.0000000000000165
Review objective	Evaluate the effectiveness of acupressure in promoting sleep quality among adults
Author affiliations	Two authors are affiliated with tertiary institutions and one authors is affiliated with a medical centre in Malaysia
Source of funds	University of Malaya, Malaysia
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Meta-analysis --
Inclusion criteria	
Study design	RCTs
Population	Adults over the age of 18 years
Intervention	Acupressure with manual application (using fingers or hand) other than using devices
Comparator	Control
Other	Peer reviewed article
Exclusion criteria	
Study design	pilot study, single group study with no comparison group, NRSI or quasi-experimental study
Population	None specified
Intervention	Acupressure intervention using devices or combines with other methods such as valerian acupressure
Comparator	None specified

Characteristics of included reviews	Umbrella review				
Review ID	**Hmwe 2016**				
Other	Articles published in a language other than English				
Date of documented search (month/year)	2000 until current. Current date in study was not reported.				
Databases searched	CINAHL	Cochrane	Embase	Medline	
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	No	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Sleep quality	Not specified	Not specified	--
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB	6 of the 8 studies have unclear risk of bias in more than 1 area, 1 study has low risk of bias, and 1 study has high risk of bias because of high attrition rate leaving incomplete outcome data.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Reza 2009	RCT	P: Sleep disturbances I: Acupressure delievered as adjunct to usual care	Nursing Home, Iran	C: Sham (irrelevant acupoints) & No intervention groups O: PSQI / N = 90 (30/30/30) 13 dropouts 3 visits per week for 4 weeks

Characteristics of included reviews	Umbrella review					
Review ID	Hmwe 2016					
2	Sun 2010	RCT	P: Insomnia I: Acupressure	Taiwan, long-term care	C: Sham (light touch) O: Athens Insomnia scale	N = 50 (25/25) 6 dropouts Daily, 5 weeks
3	Studies in other populations included elsewhere (if eligible population found in shiatsu) (see hypertension) 4 other studies in haemodialysis patients not recorded here.					
4	--					
5	--					
6	--					
7	--					
8	--					
9	--					

Characteristics of included reviews	Umbrella review					
Review ID	**Hmwe 2016**					
10	--					
11	--					
12	--					
13	--					
14	--					
15	--					
16	--					
17	--					
18	--					
18	--					
19	--					
Authors conclusions (key message)	This review aimed to evaluate the effectiveness of acupressure in promoting sleep quality among adults. Study findings included in the review showed that acupressure significantly improved sleep quality compared with the control group, but no superior effect of acupressure was found compared with sham acupressure.					

Characteristics of included reviews	Insomnia
Review ID	**Wang 2017**
Review Title	The efficacy and safety stimulating a single acu-point Shenmen (HT 7) for managing insomnia: a systematic review of randomized controlled trials
Review objective	To evaluate the effectiveness of stimulating HT7 as a single point for treating insomnia
Author affiliations	Authors were affiliated with tertiary institutions in China or the UK
Source of funds	No funding supported this study
Declared interests of the review authors	No conflicts of interest were declared
Review method of analysis	Systematic review
Inclusion criteria	
Study design	RCTs
Population	People (any age) with diagnosed insomnia
Intervention	Acupressure
Comparator	Sham, placebo, usual care
Other	Studies published in English and Chinese
Exclusion criteria	
Study design	None specified
Population	None specified
Intervention	None specified
Comparator	None specified

Characteristics of included reviews	Insomnia				
Review ID	**Wang 2017**				
Other	--				
Date of documented search (month/year)	1950 to June 2017				
Databases searched	Pubmed Cochrane CINAHL Science Direct				
Was an non-English database searched?	Yes	China National Knowledge Infrastructure, Wanfan and VIP			
Were studies in a language other than English included?	Yes	Chinese			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Secondary	Sleep quality	Not reported	PSQI or AIS-T	--
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane Review Handbook	The quality of reporting was poor, and no trial was found to have followed the Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) protocol. The methodological quality of the included trials was limited. Nordi 2008: Unclear risk of bias for randomisation, selective reporting; high risk relating to nature of intervention (nonblinded)			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Nordi 2008	RCT	P: Insomnia I: Acupoint wrist bands	Italy, setting not described	C: Sham (irrelevant acupoints) O: PSQI, GHQ28, STAI, Urinary melatonin	N = 40 (20/20) 7 dropouts 20 days

Characteristics of included reviews	Insomnia						
Review ID	**Wang 2017**						
2	Sun 2010	RCT	P: Insomnia I: Acupressure	Taiwan, long-term care	C: Sham (light touch) O: Athens Insomnia scale	N = 50 (25/25) 6 dropouts Daily, 5 weeks	
3	Two other RCTs used a combination of HT7 stimulation (moxibustion or acupressure) not included.						
4	--						
5	--						
6	--						
7	--						
8	--						
9	--						

Characteristics of included reviews	Insomnia					
Review ID	**Wang 2017**					
10	--					
11	--					
12	--					
13	--					
14	--					
15	--					
16	--					
17	--					
18	--					
18	--					
19	--					
Authors conclusions (key message)	Evidence is improving in quantity, quality and reporting, but more research is needed, particularly for Shiatsu, where evidence is poor. Acupressure may be beneficial for pain, nausea and vomiting and sleep. One trial [Nordi 2008] evaluating HT7 acupressure compared with placebo showed a favorable improvement in PSQI: MD -2.25 95% CI [-4.04, -0.46] but not anxiety: MD -0.30, 95% CI [-0.92,0.32]. For GHQ28 questionnaire tresults showed a statistically significant better score after HT7 acupressure treatment compared with placebo: MD -1.41 95% CI [-2.77, -0.05].					

Characteristics of included reviews	Insomnia
Review ID	**Capezuti 2018**
Review Title	A systematic review of nonpharmacological interventions to improve nighttime sleep among residents of long-term care settings
Review objective	To identify and evaulate outcomes associated wih non-pharmacological interventions to improve nightime sleep among long-term residents
Author affiliations	All six authors are affiliated with a tertiary instiution in the US
Source of funds	New York State Department of Food and Agriculture's Smith Lever Fund
Declared interests of the review authors	Not reported
Review method of analysis	Systematic review
	--
Inclusion criteria	
Study design	RCTs or quasi-randomised design
Population	Adults, including people with dementia
Intervention	Non-pharmacological interventions, including acupressure
Comparator	Not reported
Other	
Exclusion criteria	
Study design	Single case studies or crosssectional design
Population	Participants being treated for a medical sleep disorder or those with a psychiatric disorder such as depression, schizophrenia, or addiction disorder
Intervention	
Comparator	Pharmacological interventions, models of care (e.g., palliative care team), or respiratory interventions

Characteristics of included reviews	Insomnia				
Review ID	**Capezuti 2018**				
Other	Community settings including those involving interventions from home caregivers, outpatient clinics, dialysis centers, or adult foster homes, as well as psychiatric in-				
Date of documented search (month/year)	Date of inception to December 2016				
Databases searched	CINAHL Embase Medline	Scopus Cochrane			
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	No	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Sleep quality	Not reported	PSQI, Athens Insomnia Scale	
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB tool	Chen (1999) Unclear Unclear Unclear Low Risk Low Risk NA Low Risk Sun (2010) Low Risk Low Risk Low Risk Low Risk Low Risk Low Risk Unclear Reza 2010 Unclear Low Risk Low Risk Low Risk Low Risk NA Low Risk			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 1999	RCT	Some concerns for one or more domains, but no high risk of bias	Nursing home N=84	O: PSQI Significantly more positive sleep including quality, latency, duration, efficiency; reduced disturbances of sleep; and frequencies of nocturnal awakening and night wakeful time.

Characteristics of included reviews	Insomnia				
Review ID	**Capezuti 2018**				
2	Sun 2010	RCT	Low risk of bias for all key domains	Assistend living, with insomnia N=50	Positive; AIS-Taiwan Form; Significant improvement in sleep at 6 weeks post-intervention (p = 0.002)
3	Reza 2010	RCT	Low risk of bias for all key domains	Nursing home N=84	O: PSQI acupressure group had significantly positive subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep sufficiency, and reduced sleep disturbance. No differences between sham and control groups.
4	All other included studies included other interventions such as foot baths, light therapy, mind-body practices, or multicomponent interventions.				
5	--				
6	--				
7	--				
8	--				
9	--				

Characteristics of included reviews	Insomnia
Review ID	**Capezuti 2018**
10	--
11	--
12	--
13	--
14	--
15	--
16	--
17	--
18	--
18	--
19	--
Authors conclusions (key message)	Acupressure has the potential to improve sleep for residents of long-term care facilities. However, further research is needed to better standardize such interventions and provide clear implementation

Characteristics of included reviews	Umbrella review
Review ID	**Waits 2018**
Review Title	Acupressure effect on sleep quality: A systematic review and meta-analysis
Review objective	The meta-analysis aimed to quantitatively assess the overall effects compared with sham acupressure and standard treatments (pharmacotherapy or behaviour modification).
Author affiliations	Four authors were affiliated with tertiary institutions in Taiwan and one was affiliated with a hospital in Taiwan
Source of funds	Not reported
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis
	Random effects model
Inclusion criteria	
Study design	RCTs
Population	Over 18 years
Intervention	Acupressure using acupoint according to TCM nomenclature
Comparator	Sham acupressure, routine treatment or standard treatment (pharmacotherapy or behavioural)
Other	Studies published in English and Chinese
Exclusion criteria	
Study design	Not reported
Population	Not reported
Intervention	Not reported
Comparator	Not reported

Characteristics of included reviews	Umbrella review				
Review ID	**Waits 2018**				
Other	Not reported				
Date of documented search (month/year)	July to December 2015				
Databases searched	PsycINFO	CINAHL	Airiti Library	Med Nar	Medical Library	CENTRAL
	PubMed	AMED	TCM Database@Taiwan		ProQuest	Embase
	Medline	WHO Trials Portal		Chongqing VIP Information		
	China Knowledge Resource Integrated Database			Wanfang Database		
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Chinese			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Primary	Sleep quality	Not reported	Pittsburgh Sleep Quality Index (PSQI)	
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Modified Jaded Scale and Cochrane	Most studies had a high risk of bias due to absence of blinding of participants. The meta-analysis included studies with a Jaded score of >3.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 1999	RCT	ICU patients (PSQI >5) N=28/28/28	Taiwan	C: Sham or conversation O: PSQI 15 min, 5x per wk, 3 weeks

Characteristics of included reviews	Umbrella review				
Review ID	Waits 2018				
2	Nordio 2008	RCT	P: Insomniacs I: Wrist bands N=18/15	Italy	C: Sham O: PSQI 20 nights
3	Reza 2010	RCT	P:Sleep problems (PSQI>5) I: Acupressure massage N= 25/26/26	Nursing home residents	C: sham or routine care O: PSQI, sleep log 15 min, 3xper week, 4 weeks
4	Abedian 2015	RCT	P: Menopausal women (PSQI>5) I: Self acupressure N=105 (37/36/32)	iran	C: Sham, Control (conversation) O: PSQI 10 mins daily, 4 weeks
5	Lu 2013	RCT	P: Psychogeriatric inpatients (PSQI>5) N=30/30	Taiwan	C: routine care O: PSQI, actigraphy 3min per point, 1 x daily, 4 weeks
6	Zhou 2010	RCT	P: Insomniacs I: Acupressure N=30/30	China	C: Alprazolam O: PSQI (favours acupressure) MD -2.40 (95% CI -4.48, -0.32) p = 0.02 40 mins, 1x day, 2 weeks
7	Studies in other populations included elsewhere (if eligible population found in shiatsu)				
8	--				
9	--				

Characteristics of included reviews	Umbrella review				
Review ID	**Waits 2018**				
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19	--				
Authors conclusions (key message)	Acupressure has a potential to improve self perceived sleep quality in diverse types of patients, such as elderly and dialysis patients, by affecting the sleep latency and sleep duration without adverse effects. General practitioners may suggest acupressure along with non-pharmaceutical standard treatment before prescribing medication to avoid the potential adverse effects of medication. Patients and their family members can be trained to administer acupressure to maintain satisfactory sleep.				

Characteristics of included reviews	Umbrella review
Review ID	**Harvie 2019**
Review Title	Traditional Chinese Medicine Self-Care and Lifestyle Medicine Outside of Asia: A Systematic Literature Review
Review objective	Explore the literature to date on Traditional Chinese Medicine (TCM) self-care in settings outside of Asia, beyond the sole application of tai chi or qigong, to consider simple self-care techniques as health care interventions that may be generalized to a wider population.
Author affiliations	Three authors are affiliated with tertiary institutions in Australia
Source of funds	Australian Government Research Training Program (RTP)
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Other (specify)
	Narrative review of single studies
Inclusion criteria	
Study design	RCTs, NRSIs, case studies and case reports
Population	--
Intervention	TCM in self-care, inclusive of singular therapeutic interventions that have been drawn from TCM.
Comparator	Not specified
Other	--
Exclusion criteria	
Study design	--
Population	Tai chi or qigong interventions
Intervention	--
Comparator	--

Characteristics of included reviews	Umbrella review				
Review ID	**Harvie 2019**				
Other	--				
Date of documented search (month/year)	Database inception to July 2018				
Databases searched	CINAHL	Medline	AMED		
	Embase	PubMed			
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Not specified	--	--	--
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	CONSORT 2010 Checklist	The relevant studies were considered of high risk of bias			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Abedian 2015	RCT	P: Menopausal women (PSQI>5) I: Self acupressure N=128 (37/36/32)	iran	C: Sham, Control (conversation) O: PSQI improved (p<0.001) 10 mins daily, 4 weeks medium risk of bias

Characteristics of included reviews	Umbrella review				
Review ID	**Harvie 2019**				
2	Other eligible studies reported elsewhere. All other studies were in acupuncture or other chinese medicines and were therefore not eligible for inclusion.				
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Characteristics of included reviews	Umbrella review				
Review ID	**Harvie 2019**				
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19	--				
Authors conclusions (key message)	This review draws attention to the potential role of TCM self-care techniques including acupressure, in settings outside of Asia, beyond the sole practices of tai chi and qigong, as an adjunct to health maintenance and recovery. Only tentative conclusions can be drawn from the existing research, however, due to variability across studies in reporting transparency and the overall low number of studies retrieved. Further research is warranted.				

Characteristics of included reviews	Umbrella review
Review ID	**Hmwe 2019**
Review Title	Hmwe NTT, Browne G, Mollart L, Allanson V, Chan SW. An integrative review of acupressure interventions for older people: A focus on sleep quality, depression, anxiety, and agitation. International Journal of Geriatric Psychiatry 2019;34(3):381-96
Review objective	To synthesize studies that investigated the effects of acupressure on sleep quality, depression, anxiety, and agitation in older people
Author affiliations	Two authors are affiliated with University of Newcastle, NSW Australia
Source of funds	University of Newcastle Research Scholarship Central; University of Newcastle International Postgraduate Research Scholarship
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review We used narrative synthesis, instead of systematic review, due to heterogeneity of study designs and variation in acupressure intervention protocol
Inclusion criteria	
Study design	an original study examining the effect of acupressure (any design)
Population	elderly or older people aged 60 years and above
Intervention	body acupressure with manual application or using devices
Comparator	Not specified
Other	studies that measured any of the four outcomes namely: sleep quality, depression, anxiety, or agitation
Exclusion criteria	
Study design	None
Population	People aged below 60 years
Intervention	Auricular acupressure or acupoints in the ear
Comparator	--

Characteristics of included reviews	Umbrella review				
Review ID	**Hmwe 2019**				
Other	Articles published in a language other than English				
Date of documented search (month/year)	There was no limit for year of publication but date of search not specified. Includes papers published form 1999 to present.				
Databases searched	CINAHL	Cochrane	Embase	Medline	
Was an non-English database searched?					
Were studies in a language other than English included?	No	Restricted to articles published in English language.			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Sleep quality	Not specified	Not specified	--
2	Primary	Depression	Not specified	Not specified	--
3	Primary	Anxiety	Not specified	Not specified	--
4	Primary	Agitation	Not specified	Not specified	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	JBI checklist for RCTs	One 2 RCTs considered good quality. 10 RCTs scored a 7, 8 or 9 out of 13 questions on the checklist. Only 2 RCTs scored 12 out of 13. 2 RCTs score 6 or below.			
NRSI	JBI checklist for NRSIs	One 2 RCTs considered good quality.			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Risk of bias*	*Setting*	*Other notable features*
1	Chen 1999	RCT	P: Sleep problems I: acupressure (5 acupoints)	Nursing home, Taiwan	N = 84 (28/28/28) C: sham (non-acupoint 1cm off) OR conversation O: PSQI 15 mins, 5 days per wk, 3 weeks

Characteristics of included reviews	Umbrella review				
Review ID	Hmwe 2019				
2	Reza 2009	RCT	P: Sleep disturbances I: Acupressure delievered as adjunct to usual care	Nursing Home, Iran	N = 77 (25/26/26) C: sham (non-acupoint 0.5 cm off) OR usual care O: PSQI, sleep log 3x per wk, 4 weeks
3	Sun 2010	RCT	P: Insomnia I: Acupressure	Taiwan, long-term care	N = 50 (25/25) C: sham (light touch) O: AIS-T (A > sham p<0.001) 5 mins, 6 weeks
4	Zeng 2016	RCT	P' Older adults (60 years+) I: acupressure	China, community	N= 82 (42/40) C: Sleep education O: PSQI, MMSE
5	Lai 2017	RCT	P: Sleep problems I: acupressure massage	Nursing home, Taiwan	N = 62 (31/31) C: sham (non-acupoint) O: PSQI 24 mins, 3x per wk, 8 weeks
6	--				
7	Studies in other populations included elsewhere (if eligible population found in shiatsu)				
8	--				
9	--				

Characteristics of included reviews	Umbrella review				
Review ID	Hmwe 2019				
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Authors conclusions (key message)	Study findings consistently showed that acupressure improved sleep quality that was sustained. The findings also indicated that level of depression was reduced after acupressure the intervention, but ddetails on followup missing. There were inconsistent findings on the effects of acupressure on anxiety and agitation.				

Characteristics of included reviews	Symptoms of insomnia
Review ID	**Shang 2019**
Review Title	Nonpharmacological interventions to improve sleep in nursing home residents: A systematic review
Review objective	This systematic review intended to identify the effects of nonpharmacological interventions on sleep quality and night-time sleep among nursing home residents
Author affiliations	Six authors were affiliated with a tertiary institution in China
Source of funds	Not reported
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Systematic review Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guidelines
Inclusion criteria	
Study design	RCTs
Population	People aged > 60 years of age who were living in a nursing home, institutional facility, long term care or assisted living facility.
Intervention	Non pharmacological interventions including acupressure
Comparator	Not reported
Other	Studies published in English and Chinese.
Exclusion criteria	
Study design	Not reported
Population	Not reported
Intervention	Not reported
Comparator	Not reported

Characteristics of included reviews	Symptoms of insomnia				
Review ID	**Shang 2019**				
Other	Not reported				
Date of documented search (month/year)	Date of inception to December 2018				
Databases searched	PubMed	PsycINFO	Weipu	ClinicalTrials.gov	
	Embase	CENTRAL	Wanfang Data	China Biology Medicine disc	
	CINAHL	Chinese National Knowledge Infrastructure			
	--				
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	English and Chinese			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Not specified	Sleep quality	--	PSQI, Insomnia Scale (AIS), Sleep Disorders Inventory (SDI), sleep diaries, sleep logs and staff observation scales, polysomnography (PSG) and actigraphy (ATG)	
2	--				
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane tool	Most studies were assessed to be of high quality.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 1999	RCT	P: Sleep problems I: acupressure (5 acupoints)	Nursing home, Taiwan	N = 84 (28/28) Comparator: sham/usual care Outcomes: PSQI 15 mins, 5 days per wk, 3 weeks

Characteristics of included reviews	Symptoms of insomnia				
Review ID	**Shang 2019**				
2	Sun 2010	RCT	P: Sleep problems I: acupressure (HT7 points)	Nursing home, Taiwan	Sample size: N = 50 Comparator: sham Outcomes: AIS-T 5 mins, 6 weeks
3	Reza 2010	RCT	P: Sleep problems I: acupressure massage (6 acupoints)	Nursing home, Iran	Sample size: N = 77 Comparator: sham/usual care Outcomes: PSQI, sleep log 3x per wk, 4 weeks
4	Lai 2017	RCT	P: Sleep problems I: acupressure massage	Nursing home, Taiwan	N = 62 (31/31) C: sham O: PSQI 24 mins, 3x per wk, 8 weeks
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7	--				
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Characteristics of included reviews	Symptoms of insomnia				
Review ID	**Shang 2019**				
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18	--				
19	--				
Authors conclusions (key message)	Acupressure demonstrated positive and promising impacts on sleep quality and night-time sleep				

Characteristics of included reviews	Umbrella review
Review ID	**Chen 2020a**
Review Title	Systematic Review and Meta-Analysis on Using Acupressure to Promote the Health of Older Adults
Review objective	What is the effect of acupressure for health promotion of older adults?
Author affiliations	All four authors are affiliated with tertiary institutions
Source of funds	Yuh-ing Junior College of Health Care and Management Grant
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis
	Meta-Analysis on Sleep Quality, Cognitive Function, Constipation, Pain, and Quality of Life.
Inclusion criteria	
Study design	RCTS
Population	Older adults
Intervention	Acupressure
Comparator	Not specified
Other	--
Exclusion criteria	
Study design	Case reports
Population	Not specified
Intervention	Studies in which other treatment methods were used as the intervention in addition to acupressure, and the sole effect of the acupressure could not be identified
Comparator	Not specified

Characteristics of included reviews	Umbrella review				
Review ID	**Chen 2020a**				
Other	Studies written in a language other than English				
Date of documented search (month/year)	2012-2017				
Databases searched	Medline	Cochrane	AMED	WANFANG Data	
	PubMed	Embase	ProQuest Health and Medical Complete		
	PsycINFO	CINAHL	Web of Science	Chinese Electronical Periodical services	
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Chinese and English language studies			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Sleep quality	Not specified	Not specified	--
2	Not specified	Cognitive functioning	Not specified	Not specified	--
3	--				
4	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Modified Jadad scale	A total of 36 studies, including 25 papers written in Chinese and 11 in English, were identified for quality evaluation using the Modified Jadad Scale. 18 studies that were scored 4 or higher contributed to the study.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Zeng 2016	RCT	P' Older adults with insomnia I: acupressure	Not specified	C: Sleep education O: PSQI, MMSE

Characteristics of included reviews	Umbrella review
Review ID	**Chen 2020a**
2	Studies in other populations included elsewhere (if eligible population found in shiatsu) See Constipation, Hypertension, Insomnia 3 studies were in auricular acupressure and not eligible for our review.
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Characteristics of included reviews	Umbrella review				
Review ID	Chen 2020a				
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18	--				
18	--				
19	--				
Authors conclusions (key message)	Acupressure was highly effective for improving sleep quality and cognitive functioning (0.85, 95% confidence interval [CI] = [0.49, 1.22]; 1.23, 95% CI = [0.88, 1.59]). A slight to moderate effect was found in alleviating constipation (0.37, 95% CI = [0.03, 0.71]), and a moderate effect was found for alleviating pain and improving quality of life (0.71, 95% CI = [0.09, 1.32]; 0.59 95% CI = [0.36, 0.82].				

Characteristics of included reviews	Symptoms of insomnia
Review ID	**Samara 2020**
Review Title	Efficacy, acceptability, and tolerability of all available treatments for insomnia in the elderly: a systematic review and network meta-analysis
Review objective	This systematic review assessed the efficacy and safety of pharmacological and non-pharmacological interventions for the treatment of insomnia in elderly people
Author affiliations	Two authors were affliated with tertiaty instiutions in Germany, one with a tertiary institution in Greece and one with a tertiary institution in Switzerland
Source of funds	Supported by a grant from the German Federal Ministry of Education and Research
Declared interests of the review authors	Three of 8 authors reported a conflict of interest
Review method of analysis	Systematic review and meta-analysis
	R meta and netmeta packages. Authors used a random effects model and assumed common heterogeneity across all comparisons
Inclusion criteria	
Study design	RCTs
Population	Insomnia in elderly people (>65 years)
Intervention	Any intervention including acupressure
Comparator	No restriction
Other	Not reported
Exclusion criteria	
Study design	Cluster-randomised trials; studies with a high risk of bias for sequence generation or allocation concealment
Population	--
Intervention	--
Comparator	--

Characteristics of included reviews	Symptoms of insomnia					
Review ID	**Samara 2020**					
Other	--					
Date of documented search (month/year)	Date of inception to May 2019					
Databases searched	Medline ICTRP	Cochrane	Embase	PsycINFO	ClinicalTrials.gov	
Was an non-English database searched?	Not specified					
Were studies in a language other than English included?	Not specified					
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*		
1	Primary	Sleep quality	--	PSQI, Insomnia Severity Index, sleep time in minutes		
2	--					
3	--					
4	--					
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*				
RCTs	Cochrane tool	44% of included studies were judged to be of high risk of bias for selecting reporting				
NRSI	--	--				
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*	
1	Lai 2017	RCT	P: Sleep problems (PSQI >5)	Not reported	C: Sham O: PSQI, QOL (SF-36_	N=62 (31/31) 3 session per week for 8 wks

Characteristics of included reviews	Symptoms of insomnia					
Review ID	Samara 2020					
2	Chen 2019	RCT	P: Sleep problems (PSQI >5)	Not reported	C: Sham O: PSQI	N=62 (31/31) 3 session per week for 8 wks
3	--					
4	--					
5	--					
6	--					
7	--					
8	--					
9	--					

Characteristics of included reviews	Symptoms of insomnia				
Review ID	**Samara 2020**				
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11	--				
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17	--				
18	--				
18	--				
19	--				
Authors conclusions (key message)	The limited evidence suggested that acupressure performed better than control internvetions. Acupressure vsSham acupressure SMD -1.58 95% CI -1.98, -1.17 (2 studies)				

Characteristics of included reviews	Umbrella review
Review ID	**Hmwe 2016**
Review Title	Effectiveness of Acupressure in Promoting Sleep Quality: A Systematic Review of Randomized Controlled Trials
Review objective	To evaluate the effectiveness of acupressure in promoting sleep quality among adults
Author affiliations	2 authors are affiliated with a tertiary institution in Malaysia and 1 author is affiliated with a hospital in Malaysia
Source of funds	University of Malaya, Malaysia. Supported by a post-graduate research grant
Declared interests of the review authors	Declared but none identified (p283)
Review method of analysis	Narrative review
	--
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Humans and adults over 18 years old
Intervention	Study examining the effect of acupressure on sleep quality or sleep-related outcomes in adult population, and acupressure intervention with manual application (using fingers or hand) other than using devices.
Comparator	Not specified
Other	Published in 2000 until current, published in English
Exclusion criteria	
Study design	Articles published in any language other than English, reported pilot study, a single-group study with no comparison group, nonrandomized or quasi-experimental study
Population	None
Intervention	Acupressure intervention using devices or combined with other method (e.g., valerian acupressure)
Comparator	Not specified

Characteristics of included reviews	Umbrella review					
Review ID	**Hmwe 2016**					
Other	Not specified					
Date of documented search (month/year)	2000 until current (not specified)					
Databases searched	CINAHL					
	Cochrane					
	Embase					
	Medline					
Was an non-English database searched?	No	--				
Were studies in a language other than English	No	Restricted to articles published in English language.				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*	
1	Primary	Sleep quality	Not specified	PSQI	--	
2	Not specified	Cardiovascular health	Not reported	Blood pressure	--	--
3	--					
4	--					
5	--					
6	--					
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*				

Characteristics of included reviews	Umbrella review				
Review ID	**Hmwe 2016**				
RCTs	Cochrane RoB v1	Three of the included studies were considered low risk of bias but the remaining studies did not describe their randomization sequence and were thus of unclear risk of bias Lu: Sample size calculation was not reported, Blinding was not reported, Randomization was performed with flipping coins method Sun: Intention-to-treat analysis, Day-shift nurses who collected the data and participants were blinded Reza: Interviewers, care providers, and participants were blinded, Retention rate in acupressure group was < 85% (25 out of 30), Not reported the difference in PSQI scores between acupressure and sham acupressure Zheng: Random number table was used, Allocation concealment and blinding and sample size calculation was not reported, Differences or similarity in baseline data between groups was not reported, Attrition rate in each group was not clearly reported			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Zheng 2014	RCT	P: Primary hypertension (middle aged & elderly) I: Self-Acupressure	Cardiology outpatient department	N= 75 (38/37 C: Control (conventional treatment and health guidance) O: PSQI (P < .001), Blood pressure (P < .001)
2	Studies in other populations included elsewhere (if eligible population found in shiatsu) (see Insomnia) 4 other studies in haemodialysis patients not recorded here.				
3	--				
4	--				
Authors conclusions (key message)	Study findings included in the review showed that acupressure significantly improved sleep quality compared with the control group, but no superior effect of acupressure was found compared with sham acupressure.				

Characteristics of included reviews	Stroke risk factors
Review ID	**Sibbritt 2018**
Review Title	Efficacy of acupuncture for lifestyle risk factors for stroke: A systematic review
Review objective	To identify and summarise the evidence of acupuncture interventions for those people with lifestyle risk factors for stroke, including alcohol-dependence, smoking dependence, hypertension, and obesity.
Author affiliations	5 authors were affiliated with a tertiary institution in Australia. 1 author was affiliated with a hospital in Australia.
Source of funds	The Nancy and Vic Allen Stroke Prevention Fund
Declared interests of the review authors	Declared but none identified (p30)
Review method of analysis	Narrative review
	--
Inclusion criteria	
Study design	RCTs focusing on the efficacy and safety of acupuncture for lifestyle risk factors for stroke
Population	Conducted in humans
Intervention	No limitation
Comparator	No limitation
Other	Only anthropometric parameters and the widely used indicators of each lifestyle risk factor for stroke were included. Published in a peer-reviewed English language journal with abstracts Reported primary data findings.
Exclusion criteria	
Study design	RCT protocols or observation of a RCT of this research area; Quasi-/pseudo-RCTs and cross-over RCTs
Population	Not specified
Intervention	Trigger points and dry needling
Comparator	Not specified

Characteristics of included reviews	Stroke risk factors				
Review ID	**Sibbritt 2018**				
Other	Studies focusing on the efficacy and safety of acupuncture treatment(s) for stroke or post stroke symptoms; Studies focusing on the efficacy and safety of acupuncture treatment(s) for the complications of stroke risk factors Conference abstracts.				
Date of documented search (month/year)	January 1996 to December 2016				
Databases searched	MEDLINE				
	CINAHL				
	Cochrane				
	Scopus				
Was an non-English database searched?	No	--			
Were studies in a language other than English	No	Restricted to articles published in English language.			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Cardiovascular health	Not specified	systolic and/or diastolic blood pressure	change in SBP or DBP for hypertension-focused
2	Primary	Blood markers	Not specified	triglycerides, LDL/HDL cholesterol	for hyperlipidaemia/ dyslipidemia focused
3	Primary	Anthropometrics	Not specified	body weight, body mass index, waist circumference	for obesity-focused RCTs
4	Primary	Clinical response	Not specified	alcohol craving, completion rate of treatment, withdrawal symptoms	for RCTs focusing on alcohol-dependence
5	Primary	Clinical response	Not specified	withdrawal symptoms, daily cigarette consumption, abstinence rate	for RCTs focusing on smoking-dependence
6	Primary	Cardiovascular health	Not specified	Physical activity minutes/day and cardiorespiratory fitness	for physical inactivity-focused RCTs.
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			

Characteristics of included reviews	Stroke risk factors	
Review ID	**Sibbritt 2018**	
RCTs	Cochrane ROB 2.0	Hypertension: Risk of bias assessment indicated only six hypertension-focused RCTs blinded participants and personnel appropriately and seven RCTs did not report information on blinding of outcome assessment Lin: Unclear risk of bias for blinding (participant/assessor) all others at low risk.
NRSI	Not applicable	--

Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Lin 2016	RCT	P: hypertension I: body acupressure (LR3) 30x for 1 s	Not reported	N=80 (40/40) C: Sham (1 inch off acupoint) O: SBP, DBP comparing immediately & 15-30 min after treatment
2	Most other studies in auricular acupressure, acupuncture, or electroacupuncture				
3	--				
4	--				
Authors conclusions (key message)	This review found no convincing evidence for effects of acupuncture interventions for improving lifestyle risk factors for stroke.				

Characteristics of included reviews	Umbrella review
Review ID	**Waits 2018**
Review Title	Acupressure effect on sleep quality: A systematic review and meta-analysis
Review objective	The meta-analysis aimed to quantitatively assess the overall effects compared with sham acupressure and standard treatments (pharmacotherapy or behaviour modification).
Author affiliations	Four authors were affiliated with tertiary institutions in Taiwan and one was affiliated with a hospital in Taiwan
Source of funds	Not reported
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis
	Random effects model
Inclusion criteria	
Study design	RCTs
Population	Over 18 years
Intervention	Acupressure using acupoint according to TCM nomenclature
Comparator	Sham acupressure, routine treatment or standard treatment (pharmacotherapy or behavioural)
Other	Studies published in English and Chinese
Exclusion criteria	
Study design	Not specified
Population	Not specified
Intervention	Not specified
Comparator	Not specified

Characteristics of included reviews	Umbrella review					
Review ID	**Waits 2018**					
Other	Not specified					
Date of documented search (month/year)	July to December 2015					
Databases searched	PsycINFO	CINAHL	Medline	Embase	CENTRAL	AMED
	PubMed	ProQuest	China Knowledge Resource Integrated Database			
	Med Nar	WHO Trials Portal		Wanfang Database		
	Airiti Library	Chongqing VIP Information		Medical Library	TCM Database@Taiwan	
Was an non-English database searched?	Yes	--				
Were studies in a language other than English	Yes	Studies published in English and Chinese				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*		
1	Primary	Sleep quality	Not reported	Pittsburgh Sleep Quality Index (PSQI)		
2	--					
3	--					
4	--					
5	--					
6	--					
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*				

Characteristics of included reviews	Umbrella review				
Review ID	**Waits 2018**				
RCTs	Modified Jaded Scale and Cochrane	Most studies had a high risk of bias due to absence of blinding of participants. The meta-analysis included studies with a Jaded score of >3.			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Zheng 2014	RCT	P: hypertension (PSQI >7) I: Self acupressure	China	N=38/37 C: routine care O: PSQI 40 mins, 1 x per day, 4 weeks
2	Lei 2015 INCLUDED IN SHIATSU	RCT	P: elderly with hypertension I: Self Acupressure	China	N=34/34 C: sleep hygiene O: PSQI
3	Studies in other populations included elsewhere (if eligible population found in shiatsu) (see Insomnia)				
4	--				
Authors conclusions (key message)	Acupressure has a potential to improve self perceived sleep quality in diverse types of patients, such as elderly and dialysis patients, by affecting the sleep latency and sleep duration without adverse effects. General practitioners may suggest acupressure along with non-pharmaceutical standard treatment before prescribing medication to avoid the potential adverse effects of medication. Patients and their family members can be trained to administer acupressure to maintain satisfactory sleep.				

Characteristics of included reviews	Umbrella review
Review ID	**Hmwe 2019**
Review Title	Hmwe NTT, Browne G, Mollart L, Allanson V, Chan SW. An integrative review of acupressure interventions for older people: A focus on sleep quality, depression, anxiety, and agitation. International Journal of Geriatric Psychiatry 2019;34(3):381-96
Review objective	To synthesize studies that investigated the effects of acupressure on sleep quality, depression, anxiety, and agitation in older people
Author affiliations	Two authors are affiliated with University of Newcastle, NSW Australia
Source of funds	University of Newcastle Research Scholarship Central; University of Newcastle International Postgraduate Research Scholarship
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review We used narrative synthesis, instead of systematic review, due to heterogeneity of study designs and variation in acupressure intervention protocol
Inclusion criteria	
Study design	an original study examining the effect of acupressure (any design)
Population	elderly or older people aged 60 years and above
Intervention	body acupressure with manual application or using devices
Comparator	Not specified
Other	studies that measured any of the four outcomes namely: sleep quality, depression, anxiety, or agitation
Exclusion criteria	
Study design	Not specified
Population	People aged below 60 years
Intervention	Auricular acupressure or acupoints in the ear
Comparator	Not specified

Characteristics of included reviews	Umbrella review				
Review ID	**Hmwe 2019**				
Other	Articles published in a language other than English				
Date of documented search (month/year)	There was no limit for year of publication but date of search not specified. Includes papers published form 1999 to present.				
Databases searched	CINAHL	Cochrane	Embase	Medline	
Was an non-English database searched?	No				
Were studies in a language other than English	No	Restricted to articles published in English language.			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Sleep quality	Not specified	Not specified	--
2	--				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			

Characteristics of included reviews	Umbrella review					
Review ID	**Hmwe 2019**					
RCTs	JBI checklist for RCTs	One 2 RCTs considered good quality. 10 RCTs scored a 7, 8 or 9 out of 13 questions on the checklist. Only 2 RCTs scored 12 out of 13. 2 RCTs score 6 or below.				
NRSI	JBI checklist for NRSIs	One 2 RCTs considered good quality.				
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*	*Risk of bias*
1	Lei 2015 INCLUDED IN SHIATSU	RCT	P: Primary hypertension I: Acupressure massage 4x daily, 1 month	China, hospital ward adjunct: mental health education	N=68 (34/34) C: Control O: PSQI (P<0.05)	Score 7/13
2	Studies in other populations included elsewhere (if eligible population found in shiatsu)					
3	--					
4	--					
Authors conclusions (key message)	Study findings consistently showed that acupressure improved sleep quality that was sustained. The findings also indicated that level of depression was reduced after acupressure the intervention, but ddetails on followup missing. There were inconsistent findings on the effects of acupressure on anxiety and agitation.					

Characteristics of included reviews	Umbrella review
Review ID	**Chen 2020a**
Review Title	Systematic Review and Meta-Analysis on Using Acupressure to Promote the Health of Older Adults
Review objective	What is the effect of acupressure for health promotion of older adults?
Author affiliations	All four authors are affiliated with tertiary institutions
Source of funds	Yuh-ing Junior College of Health Care and Management Grant
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis
	Meta-Analysis on Sleep Quality, Cognitive Function, Constipation, Pain, and Quality of Life.
Inclusion criteria	
Study design	RCTS
Population	Older adults
Intervention	Acupressure
Comparator	Not specified
Other	--
Exclusion criteria	
Study design	Case reports
Population	Not specified
Intervention	Studies in which other treatment methods were used as the intervention in addition to acupressure, and the sole effect of the acupressure could not be identified
Comparator	Not specified

Characteristics of included reviews	Umbrella review				
Review ID	**Chen 2020a**				
Other	Studies written in a language other than English				
Date of documented search (month/year)	2012-2017				
Databases searched	Medline	Cochrane	AMED	WANFANG Data	
	PubMed	Embase	ProQuest Health and Medical Complete		
	PsycINFO	CINAHL	Web of Science	Chinese Electronical Periodical services	
Was an non-English database searched?	Yes				
Were studies in a language other than English	Yes	Chinese and English language studies			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Sleep quality	Not specified	Not specified	--
2	Not specified	Cognitive functioning	Not specified	Not specified	--
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			

Characteristics of included reviews	Umbrella review	
Review ID	**Chen 2020a**	
RCTs	Modified Jadad scale	A total of 36 studies, including 25 papers written in Chinese and 11 in English, were identified for quality evaluation using the Modified Jadad Scale. 18 studies that were scored 4 or higher contributed to the study.
NRSI	--	--

Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 2013	RCT	P: Hypertension I: Acupoint massage	Nursing home Chinese	C: not reported O: PSQI Jadad score 4/8
2	Lei 2015 INCLUDED IN SHIATSU	RCT	P: Primary hypertension I: Acupressure massage	China, hospital ward adjunct: mental health education	N=68 (34/34) C: Control O: PSQI, cognitive functioning
3	Li 2014	RCT	P: Elderly with hypertension I: Acupoint massage	Not specified	C: not reported O: PSQI Jadad score 4/8
4	Studies in other populations included elsewhere (if eligible population found in shiatsu) See Constipation, insomnia, neurocogniitve decline 3 studies were in auricular acupressure and not eligible for our review.				
Authors conclusions (key message)	Acupressure was highly effective for improving sleep quality and cognitive functioning (0.85, 95% confidence interval [CI] = [0.49, 1.22]; 1.23, 95% CI = [0.88, 1.59]). A slight to moderate effect was found in alleviating constipation (0.37, 95% CI = [0.03, 0.71]), and a moderate effect was found for alleviating pain and improving quality of life (0.71, 95% CI = [0.09, 1.32]; 0.59 95% CI = [0.36, 0.82].				

Characteristics of included reviews	Umbrella review					
Review ID	**Harvie 2019**					
Review Title	Traditional Chinese Medicine Self-Care and Lifestyle Medicine Outside of Asia: A Systematic Literature Review					
Review objective	Explore the literature to date on Traditional Chinese Medicine (TCM) self-care in settings outside of Asia, beyond the sole application of tai chi or qigong, to consider simple self-care techniques as health care interventions that may be generalized to a wider population.					
Author affiliations	Three authors are affiliated with tertiary institutions in Australia					
Source of funds	Australian Government Research Training Program (RTP)					
Declared interests of the review authors	The authors declare no conflicts of interest					
Review method of analysis	Narrative review Narrative review of single studies					
Inclusion criteria						
Study design	RCTs, NRSIs, case studies and case reports					
Population	--					
Intervention	TCM in self-care, inclusive of singular therapeutic interventions that have been drawn from TCM.					
Comparator	Not specified					
Other	--					
Exclusion criteria						
Study design	--					
Population	Tai chi or qigong interventions					
Intervention	--					
Comparator	--					
Other	Studies in Asia or within Asian communities					
Date of documented search (month/year)	Database inception to July 2018					
Databases searched	CINAHL					
	AMED					
	Embase					
	PubMed					

Characteristics of included reviews	Umbrella review				
Review ID	**Harvie 2019**				
	Medline				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Quality of life	Not reported	Patient Assessment of Constipation (PAC)- Quality of Life (QoL)	
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	CONSORT 2010 Checklist	The relevant studies were considered of high risk of bias			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Abbott 2014	RCT	P: Functional constipation I: perineal self acupressure 3-5 mins, 4 weeks	US, community High quality	N=100 C: No intervention/usual care O: QoL (PAC-QoL, SF-12), bowel function index
2	Other eligible studies reported elsewhere. All othert studies were in acupuncture or other chinese medicines and were therefore not eligible for inclusion.				
3	--				
4	--				
Authors conclusions (key message)	This review draws attention to the potential role of TCM self-care techniques including acupressure, in settings outside of Asia, beyond the sole practices of tai chi and qigong, as an adjunct to health maintenance and recovery. Only tentative conclusions can be drawn from the existing research, however, due to variability across studies in reporting transparency and the overall low number of studies retrieved. Further research is warranted.				

Characteristics of included reviews	Umbrella review		
Review ID	**Chen 2020a**		
Review Title	Systematic Review and Meta-Analysis on Using Acupressure to Promote the Health of Older Adults		
Review objective	What is the effect of acupressure for health promotion of older adults?		
Author affiliations	All four authors are affiliated with tertiary institutions		
Source of funds	Yuh-ing Junior College of Health Care and Management Grant		
Declared interests of the review authors	No conflicts of interest were reported.		
Review method of analysis	Meta-analysis Meta-Analysis on Sleep Quality, Cognitive Function, Constipation, Pain, and Quality of Life.		
Inclusion criteria			
Study design	RCTS		
Population	Older adults		
Intervention	Acupressure		
Comparator	Not specified		
Other	--		
Exclusion criteria			
Study design	Case reports		
Population	Not specified		
Intervention	Studies in which other treatment methods were used as the intervention in addition to acupressure, and the sole effect of the acupressure could not be identified		
Comparator	Not specified		
Other	Studies written in a language other than English		
Date of documented search (month/year)	2012-2017		
Databases searched	Medline	Cochrane	Chinese Electronical Periodical services
	PubMed	Embase	WANFANG Data
	PsycINFO	CINAHL	Web of Science
	AMED	ProQuest Health and Medical Complete	

Characteristics of included reviews	Umbrella review				
Review ID	**Chen 2020a**				
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Only Chinese and English language studies			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Bowel function	Not specified	PAC-QOL bowel function, SF-12 Physical/Mental	
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Modified Jadad scale	A total of 36 studies, including 25 papers written in Chinese and 11 in English, were identified for quality evaluation using the Modified Jadad Scale. Finally, 18 studies that were scored 4 or higher contributed to the study.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Wu 2012	RCT	P: Prevention of constipation I: Acupressure	Orthopeadic elderly, bedridden	C: not reported O: Successful bowel movement
2	Mo & Zheng 2015	RCT	P: Functional constipation I: Acupoint massage	Orthopeadic elderly, hip fracture	C: not reported O: Successful bowel movement
3	Liu 2017	RCT	P: Functional constipation I: Acupressure	Elderly	C: not reported O: Successful bowel movement
4	Studies in other populations included elsewhere (if eligible population found in shiatsu) See Mental and behavioural, Hypertension, Insomnia 3 studies were in auricular acupressure and not eligible for our review				
Authors conclusions (key message)	Acupressure was highly effective for improving sleep quality and cognitive functioning (0.85, 95% confidence interval [CI] = [0.49, 1.22]; 1.23, 95% CI = [0.88, 1.59]). A slight to moderate effect was found in alleviating constipation (0.37, 95% CI = [0.03, 0.71]), and a moderate effect was found for alleviating pain and improving quality of life (0.71, 95% CI = [0.09, 1.32]; 0.59 95% CI = [0.36, 0.82].				

Characteristics of included reviews	Umbrella review
Review ID	**Lee 2011c**
Review Title	The Efficacy of Acupressure for Symptom Management: A Systematic Review
Review objective	Review randomized controlled trials that investigated the efficacy of acupressure for the management of symptoms
Author affiliations	Two authors are affiliated with a tertiary institution and hospital in the US
Source of funds	Review randomized controlled trials that investigated the efficacy of acupressure for the management of symptoms
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review --
Inclusion criteria	
Study design	RCTs
Population	Any health condition
Intervention	Acupressure for symptom management
Comparator	Not specified
Other	Written in English; A review of studies for individual symptoms was included in this review if there were at least four trials for management of a particular symptom.
Exclusion criteria	
Study design	Not specified

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
Population	Not specified				
Intervention	Not specified				
Comparator	Not specified				
Other	Not specified				
Date of documented search (month/year)	Jan 2000 to January 2010				
Databases searched	CINAHL Pubmed Medline --				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	No	English language only			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Pain	Not reported	VAS, SF-MPQ	--
2	--	--	--	--	--
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
6	--	--	--	--	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB	The average risk of bias score was 3.8 for RCTs focused on nausea/vomiting, 4.8 for studies investigating pain management, 2.3 for studies of efficacy for dyspnoea, and 2.5 for those studying the reduction of fatigue/insomnia.			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Hsieh 2004	RCT	P: Chronic low back pain I: Acupressure	Not specified	N=146 C: Physical therapy O: Pain
2	Hsieh 2006	RCT	P: Chronic low back pain I: Acupressure	Not specified	N=129 C: Physical therapy O: Pain
3	Other eligible studies reported elsewhere. (See Cancer, Sleep/Wake, Musculoskeletal)				
4	--	--	--	--	--
5	--	--	--	--	--
6	--	--	--	--	--

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
7	--	--	--	--	--
8	--	--	--	--	--
9	--	--	--	--	--
10	--	--	--	--	--
11	--	--	--	--	--
12	--	--	--	--	--
13	--	--	--	--	--
Authors conclusions (key message)	Acupressure may be a useful strategy for the management of multiple symptoms in a variety of patient populations, but rigorous trials are needed. Inclusion of acupressure as an intervention may improve patient outcomes.				

Characteristics of included reviews	Umbrella review
Review ID	**Robinson 2011**
Review Title	The evidence for Shiatsu: a systematic review of Shiatsu and acupressure
Review objective	To systematically review all papers using Shiatsu or acupressure for any health condition for any population, using either a systematic review/meta-analysis, RCT, quasi-experimental, or uncontrolled design.
Author affiliations	Two authors are affiliated with a tertiary institution in the UK and one author is affiliated with a tertiary institution in China
Source of funds	Shiatsu Society, UK
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review --
Inclusion criteria	
Study design	Meta-analysis, systematic review or clinical trial
Population	Any health condition
Intervention	Shiatsu or acupressure administered manually/bodily
Comparator	Not specified
Other	Published after January 1990
Exclusion criteria	
Study design	Guidelines for treatment, reports of possible adverse events, surveys, case reports/series, non systematic reviews, qualitative studies, conference abstracts/posters, newspaper articles, book reviews, popular health publications, general comments or letters, papers included in systematic reviews included in this review

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
Population	Not specified				
Intervention	Use of plasters, devices or wristbands, Acupressure on auricular or Korean points/meridians				
Comparator	Not specified				
Other	Papers in a language other than English				
Date of documented search (month/year)	Not reported				
Databases searched	EMBASE	CINAHL	AMED	Blackwell Synergy	
	PsychInfo	British Nursing Index		ZETOC	
	Science Direct	Ingenta Select	Wiley Interscience		
	Medline	EBM reviews (includes all Cochrane Library resources)			
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Pain	Not reported	VAS, SF-MPQ	4 RCTs
2	--	--	--	--	--
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
6	--	--	--	--	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not reported	--			
NRSI	Not reported	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Hsieh 2004	RCT	P: Low back pain I: Acupressure 4 weeks	Not specified	C: Physical therapy
2	Hsieh 2006	RCT	P: Chronic low back pain I: Acupressure	Not specified	C: Physical therapy
3	Two other studies (Yip 2004, Yip 2006) not included as they did not meet our PICO criteria (effect of acupressure alone could not be discerned).				
4	Yip 2003	RCT	P: Nonspecific neck pain I: Acupressure	Not specified	C: Usual care? Lavender oil
5	Yip 2004	RCT	P: Chronic low back pain I: Acupressure	Not specified	C: Usual care? Lavender oil
6	Other studies considered elsewhere (See Musculoskeletal pain, Mental & behavioural, Sleep-Wake disorders)				

Characteristics of included reviews	Umbrella review				
Review ID	Robinson 2011				
7	--	--	--	--	--
8	--	--	--	--	--
9	--	--	--	--	--
10	--	--	--	--	--
11	--	--	--	--	--
12	--	--	--	--	--
13	--	--	--	--	--
Authors conclusions (key message)	Evidence is improving in quantity, quality and reporting, but more research is needed, particularly for Shiatsu, where evidence is poor. Acupressure may be beneficial for pain, nausea and vomiting and sleep. All four studies showed a significant reduction in pain but no data provided.				

Characteristics of included reviews	Musculoskeletal pain
Review ID	**Kim 2012**
Review Title	Acupressure for the Treatment of Musculoskeletal Pain Conditions: A Systematic Review
Review objective	Evaluate the evidence both for and against the effectiveness of acupressure as a pain treatment for patients with musculoskeletal pain
Author affiliations	3 authors were affiliated with a tertiary institution in Korea
Source of funds	Not reported
Declared interests of the review authors	Not reported
Review method of analysis	Meta-analysis The mean and standard deviation of outcome measures at the end of intervention or follow-up were used to assess the differences between the intervention and control groups. Weighted mean differences were used when studies measured the outcomes on the same scale, and standardized mean differences [SMDs] were used when studies measured the outcomes on different scales.
Inclusion criteria	
Study design	RCTs
Population	Musculoskeletal Pain Conditions Not specified
Intervention	Pressure at acupuncture points as the sole treatment or as an adjunct to other treatments
Comparator	Any control
Other	No language restrictions.
Exclusion criteria	
Study design	Not specified

Characteristics of included reviews	Musculoskeletal pain				
Review ID	**Kim 2012**				
Population	Not specified				
Intervention	Reflexology, hand massage, lymph drainage or other forms of massage				
Comparator	Not specified				
Other	Trials in which one type of acupressure was compared to another type and studies that failed to provide detailed results. Trials employing less than two treatments were excluded				
Date of documented search (month/year)	Database inception to July 2010				
Databases searched	Medline	Cochrane	Korean Studies Information		KoreaMed
	CINAHL	DBPIA	Korea Institute of Science and Technology Information		
	Embase	Chinese Medical Database		Allied and Complementary Medicine	
	Research Information Centre for Health Database				
Was an non-English database searched?	Yes	5 Korean Medical Databases and Chinese Medical Database			
Were studies in a language other than English included?	Yes	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Pain	Not defined	Any pain measurement	--
2	--	--	--	--	--
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--

Characteristics of included reviews	Musculoskeletal pain				
Review ID	**Kim 2012**				
6	--	--	--	--	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB	Most of the included trials had a high risk of bias. All Rats employed the appropriate sequence generation; none of the RCTs reported the use of an allocated concealment method. Of the four RCTs, two used a blinded assessor and two employed the intention-to-treat analysis.			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Hsieh 2004	RCT	P: Low back pain I: Acupressure 6 sessions, 4 weeks	Not specified	C: Physical therapy O: Pain (SF-MPQ)
2	Hsieh 2006	RCT	P: Low back pain I: Acupressure 6 sessions, 4 weeks	Not specified	C: Physical therapy O: Pain (VAS), Disability (RMDQ, ODQ)
3	Two other studies (Yip 2004, Yip 2006) not included as they did not meet our PICO criteria (effect of acupressure alone could not be discerned).				
4	Yip 2004	RCT	P: Chronic low back pain I: Acupressure + Lavender oil + electrical stimulation	Not specified	C: Usual care O: Pain (VAS), Range of motion
5	Yip 2006	RCT	P: Nonspecific neck pain I: Acupressure + lavender oil	Not specified	C: Usual care O: Pain (VAS), Stiffness (VAS), Range of motion, Disability (NPDS)
6	--	--	--	--	--

Characteristics of included reviews	Musculoskeletal pain				
Review ID	**Kim 2012**				
7	--	--	--	--	--
8	--	--	--	--	--
9	--	--	--	--	--
10	--	--	--	--	--
11	--	--	--	--	--
12	--	--	--	--	--
13	--	--	--	--	--
Authors conclusions (key message)	Our results provide limited evidence for the effectiveness of acupressure in the treatment of LBP and neck pain. However, the methodological caveats prevented us from drawing definitive conclusions. The results of meta-analysis demonstrated acupressure to be superior to phsycial therapy for pain [N = 275; SMD -0.71; 95% CI -0.96 to -0.47; I2=0%]				

Characteristics of included reviews	Pain
Review ID	**Chen 2014**
Review Title	Chen, Y. W., & Wang, H. H. (2014). The effectiveness of acupressure on relieving pain: a systematic review. Pain management nursing : official journal of the American Society of Pain Management Nurses, 15(2), 539–550. https://doi.org/10.1016/j.pmn.2012.12.005
Review objective	Evaluate the effectiveness of acupressure in relieving pain among different populations
Author affiliations	Two authors are affiliated with tertiary institutions in Taiwan
Source of funds	Not reported
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review --
Inclusion criteria	
Study design	RCTs
Population	Human beings
Intervention	Acupressure
Comparator	Not specified
Other	--
Exclusion criteria	
Study design	Qualitative studies, doctoral dissertations, systematic reviews and case reports

Characteristics of included reviews	Pain				
Review ID	**Chen 2014**				
Population	Infants and animal studies				
Intervention	Combining acupressure with other therapies such as acupuncture, aromatherapy, massage, and analgesic medications				
Comparator	Not specified				
Other	Not specified				
Date of documented search (month/year)	Jan 1996 to Dec 2011				
Databases searched	Medline Pubmed CINAHL --				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Pain	Not reported	VAS	Dysmenorrhea
2	Not specified	Pain	Not reported	Short Form Menstrual Distress Questionnaire	Dysmenorrhea
3	Not specified	Pain	Not reported	Short Form McGill Pain Questionnaire	Dysmenorrhea
4	Not specified	Pain	Not reported	Pain intensity verbal rating scale (Chinese version)	Low back and neck pain
5	Not specified	Pain	Not reported	Short-Form Pain Questionnaire (Chinese version)	Low back and neck pain

Characteristics of included reviews	Pain				
Review ID	**Chen 2014**				
6	Not specified	Disability	Not reported	Roland and Morris Disability Questionnaire	Low back and neck pain
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not reported	Authors assessed the study designs, adequacy of randomization and concealment of allocation, and blinding of participants across the studies			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Hsieh 2004	RCT	P: Low back pain I: Acupressure 6 sessions, 4 weeks	Taiwan	N= (69/77) C: Physical therapy O: Pain (SF-MPQ)
2	Hsieh 2006	RCT	P: Low back pain I: Acupressure 6 sessions, 4 weeks	Taiwan	N=146 (64/65) C: Physical therapy O: Pain (VAS), Disability (RMDQ, ODQ)
3	One other study (Suen 2007) not included as it did not meet our PICO cirteria (intervention was auricular acupressure). Evidence for other pain conditions considered elsewhere (see Genitourinary)				
4	Chen 2010	RCT	Not reported	NR	Control group: No intervention
5	Kashefi 2010	RCT	Not reported	NR	Control group: Sham acupressure
6	Mirbagher-Ajorpaz 2011	RCT	Not reported	NR	Control group: Sham acupressure

Characteristics of included reviews	Pain				
Review ID	**Chen 2014**				
7	Wong 2010	RCT	Not reported	NR	Control group: No intervention
8	--	--	--	--	--
9	--	--	--	--	--
10	--	--	--	--	--
11	--	--	--	--	--
12	--	--	--	--	--
13	--	--	--	--	--
Authors conclusions (key message)	From the results of the fifteen studies, acupressure is shown to reduce various pains, including dysmenorrhea, labour pain, low back pain, chronic headache, and other traumatic pains in different countries. The clinical trials showed that acupressure can be efficiently conducted by health care professionals as an adjuvant therapy in general practice for pain relief.				

Characteristics of included reviews	Low back & neck pain
Review ID	**Yuan 2015**
Review Title	The effectiveness of acupuncture, acupressure and chiropractic interventions on treatment of chronic nonspecific low back pain in Iran: A systematic review and meta-analysis
Review objective	To determine the effectiveness of acupuncture, acupressure and chiropractic (nonpharmacological) interventions on the treatment of chronic nonspecific low back pain in Iran
Author affiliations	Five authors were affiliated with a tertiary institution in Iran
Source of funds	National Natural Sciences Foundation of China (No. 81874511).
Declared interests of the review authors	The authors declare they have no conflicts of interest
Review method of analysis	Meta-analysis Studies were arranged according to the outcome measures and the type of intervention (acupressure monotherapy or in combination with acupuncture). Pooled dichotomous outcomes were presented as risk ratios (RRs) and 95% confidence intervals (CIs) while pooled continuous outcomes were presented as weight mean differences (WMDs) with 95% CIs or standardized mean differences (SMDs) with 95% CIs when using multiple measurements. 0e fixed-effect model was applied if heterogeneity was not significant (I 2 ≤ 50% or P ≥ 0.10 in the Q test). Otherwise, subgroup analysis was performed to identify the source(s) of the heterogeneity
Inclusion criteria	
Study design	RCTs
Population	Non pregnant adults (>15 years of age) with chronic (>12 weeks) nonspecific low back pain (alone with leg pain)
Intervention	Acupressure, acupuncture and manipulation therapy
Comparator	With or without a control
Other	Reported in English or Persian language; Reported at least one of the following outcomes: back-specific function, generic health status, pain, work disability, patient satisfaction and Functional status expressed by validated instruments, such as the Roland Morris Disability Questionnaire
Exclusion criteria	
Study design	Not specified

Characteristics of included reviews	Low back & neck pain				
Review ID	**Yuan 2015**				
Population	Not specified				
Intervention	Not specified				
Comparator	Not specified				
Other	Not specified				
Date of documented search (month/year)	1990 to 2012				
Databases searched	CINAHL	Irandoc web based informa	--	--	--	--
	Embase	Documentation centres	--	--	--	--
	MEDLINE	Scopus	--	--	--	--
	Institute for Scientific Infori	IranMedex	--	--	--	--
Was an non-English database searched?	Yes	--			
Were studies in a language other than English included?	Yes	English and Persian language			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Back specific function	Not defined	Not defined	--
2	Primary	Generic Health statue	Not defined	Not defined	--
3	Primary	Pain	Not defined	Not defined	--
4	Primary	Work disability	Not defined	Not defined	--
5	Primary	Patient satisfaction	Not defined	Not defined	--

Characteristics of included reviews	Low back & neck pain				
Review ID	**Yuan 2015**				
6	Primary	Functional status	Not defined	Not defined	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane Back Review Group	The scores ranged from 3/11 to 6/11, demonstrating they had a moderate risk of bias, with the criteria most commonly lacking dealing with blinding of those involved, and a lack of patient compliance			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Hsieh 2004	RCT	P: Low back pain I: Acupressure 6 sessions, 4 weeks	Taiwan	N= (69/77) C: Physical therapy O: Pain (SF-MPQ)
2	Hsieh 2006	RCT	P: Low back pain I: Acupressure 6 sessions, 4 weeks	Taiwan	N=146 (64/65) C: Physical therapy O: Pain (VAS), Disability (RMDQ, ODQ)
3	Two studies (Yeh 2013, Suen 2007) not included as they did not meet our PICO criteria (intervention is auricular acupressure) 'Seventy-two (72) other studies identified that assess other interventions such as acupuncture, cupping, gua sha, qi gong, Tai chi, Chinese herbal medicine, moxibustion, Tuina				
4	--	--	--	--	--
5	--	--	--	--	--
6	--	--	--	--	--

Characteristics of included reviews	Low back & neck pain				
Review ID	**Yuan 2015**				
7	--	--	--	--	--
8	--	--	--	--	--
9	--	--	--	--	--
10	--	--	--	--	--
11	--	--	--	--	--
12	--	--	--	--	--
13	--	--	--	--	--
Authors conclusions (key message)	Acupuncture, acupressure, and cupping could be efficacious in treating the pain and disability associated with CNP or CLBP in the immediate term.				

Characteristics of included reviews	Low back pain
Review ID	**Yeganeh 2017**
Review Title	Traditional Chinese Medicine for Neck Pain and Low Back Pain: A Systematic Review and Meta-Analysis
Review objective	Review and analyse the existing data about pain and disability in TCM treatments for NP and LBP
Author affiliations	Four authors were affiliated with a tertiary institution in China, two authors were affiliated with a hospital in China
Source of funds	Natural Scientific Fund of China (no. 81371987, 81171761).
Declared interests of the review authors	The authors declare they have no conflicts of interest
Review method of analysis	Meta-analysis
	The data abstracted were classified into continuous and dichotomous variables. Generally, fixed-effects models (inverse-variance method) were used in the meta-analysis
Inclusion criteria	
Study design	RCTs
Population	Men or women (17 years or older) with NP or LBP (with or without radiating pain) of any duration
Intervention	At least one of therapies pertains to TCM
Comparator	Other treatment, no treatment or other treatment
Other	Reported in English or Chinese language; at least one of the following outcomes evaluated - pain intensity, disability. The duration of follow up should be at least one day after all treatment sessions
Exclusion criteria	
Study design	Not specified

Characteristics of included reviews	Low back pain				
Review ID	**Yeganeh 2017**				
Population	Neck or back pain caused by trauma, infection, cauda equina syndrome, bone rarefaction, compression fracture of a vertebral body, tumour or fibromyalgia				
Intervention	Not specified				
Comparator	Not specified				
Other	Not specified				
Date of documented search (month/year)	Inception to Sep 2013 and updated on May 2014				
Databases searched	MEDLINE	Traditional Chinese Medica	--	--	--	--
	Embase	China National Knowledge	--	--	--	--
	Cochrane Library	Wan Fang database	--	--	--	--
	--	--	--	--	--	--
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Chinese and English language			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Pain intensity	Not defined	Commonly used measures (e.g. VAS, NRS)	--
2	Not specified	Disability	Not defined	Not defined	--
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--

Characteristics of included reviews	Low back pain				
Review ID	**Yeganeh 2017**				
6	--	--	--	--	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane Back Review Group	Most of the studies didn't provide adequate information on outcome assessor blinding, co-intervention and compliance. Given the characteristics of some interventions, the blinding of the care provider was unapplicable			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Salsali 2003	RCT	P: Low back pain I: Acupressure 10 sessions, 20 days	Not reported as adjunct to acetaminophen	N= 90 C: acetaminophen alone or Sham acupressure O: Pain (greater reduction but no data provided) Score 3/11
2	--	--	--	--	--
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--
6	--	--	--	--	--

Characteristics of included reviews	Low back pain				
Review ID	**Yeganeh 2017**				
7	--	--	--	--	--
8	--	--	--	--	--
9	--	--	--	--	--
10	--	--	--	--	--
11	--	--	--	--	--
12	--	--	--	--	--
13	--	--	--	--	--
Authors conclusions (key message)	The one RCT by Salsola 2003 that compared acupressure plus Acetaminophen to acupressure in sham points plus Acetaminophen and Acetaminophen alone had positive outcomes. Acupressure provided 10 sessions over 20 days and pain was primary outcome. Both treated and sham points patients improved rapidly in the observation period of 1-10 weeks. But the pain intensity in acupressure plus Acetaminophen showed greater reduction.				

Characteristics of included reviews	Low back pain
Review ID	**Godley 2020**
Review Title	Efficacy of acupressure for chronic low back pain: A systematic review
Review objective	To assess the utility of acupressure for chronic low back pain
Author affiliations	2 authors are affiliated with tertiary institutions in the USA
Source of funds	Not reported
Declared interests of the review authors	No competing interests to declare
Review method of analysis	Narrative review --
Inclusion criteria	
Study design	RCTs
Population	Adults 18 years and older, with chronic low back , defined as pain lasting for 3 or more months
Intervention	Auricular acupressure along or acupressure along as the primary treatment modality
Comparator	Sham control, treatment as usual or no treatment
Other	All studies assessed pain reduction as their primary outcome
Exclusion criteria	
Study design	Not specified

Characteristics of included reviews	Low back pain				
Review ID	**Godley 2020**				
Population	Not specified				
Intervention	Not specified				
Comparator	Not specified				
Other	Not specified				
Date of documented search (month/year)	January 2004 to July 2019				
Databases searched	Pubmed Embase -- --				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain	No prespecified outcomes	any low back pain measurement	--
2	--	--	--	--	--
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--

Characteristics of included reviews	Low back pain				
Review ID	**Godley 2020**				
6	--	--	--	--	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not reported	Not discussed in detail. Authors reported 'some limitations of these studies.. Is selection bias, differences in acupressure treatment protocol and lack of follow up'. No other details provided			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Hsieh 2006	RCT	P: Low back pain I: Acupressure	Not specified 6 sessions, 4 weeks	N=129 (64/65) C: Physical therapy O: Pain (VAS), Disability (RMDQ), Sleep
2	Movahedi 2017	RCT	P: Low back pain I: Acupressure	Not specified 3x weekly, 3 weeks	N=50 (25/25) C: Sham acupressure (1-1.5 cm off) O: Pain (VAS), Fatigue (FSS)
3	Murphy 2019	RCT	P: Low back pain I: Self acupressure (relaxing or stimulating)	Not specified 27-30 mins daily, 6 weeks	N=67 (22/22/23) C: Usual care O: Pain (BPI), Disability (RMDQ), Fatigue (BFI)
4	Three other studies (Yeh 2015, Suen 2007, Purepong 2015) not included as they did not meet our PICO criteria (intervention is auricular acupressure or acupressure backrest)				
5	--	--	--	--	--
6	--	--	--	--	--

Characteristics of included reviews	Low back pain				
Review ID	**Godley 2020**				
7	--	--	--	--	--
8	--	--	--	--	--
9	--	--	--	--	--
10	--	--	--	--	--
11	--	--	--	--	--
12	--	--	--	--	--
13	--	--	--	--	--
Authors conclusions (key message)	All studies found a clinically significant reduction in pain, 30% percent or more reduction, in the acupressure groups and a statistically significant difference in average change in pain scores between the treatment and control groups at the end of the treatment period. Data not adequately reported				

Characteristics of included reviews	Low back pain
Review ID	**Li 2021**
Review Title	Clinical Efficacy and Safety of Acupressure on Low Back Pain: A Systematic Review and Meta-Analysis
Review objective	To evaluate the effectiveness and safety of acupressure on low back pain (LBP).
Author affiliations	Five authors were affiliated with a tertiary institution and hospital in China
Source of funds	National Natural Sciences Foundation of China (No. 81874511).
Declared interests of the review authors	The authors declare they have no conflicts of interest
Review method of analysis	Meta-analysis Studies were arranged according to the outcome measures and the type of intervention (acupressure monotherapy or in combination with acupuncture). Pooled dichotomous outcomes were presented as risk ratios (RRs) and 95% confidence intervals (CIs) while pooled continuous outcomes were presented as weight mean differences (WMDs) with 95% CIs or standardized mean differences (SMDs) with 95% CIs when using multiple measurements. 0e fixed-effect model was applied if heterogeneity was not significant (I 2 ≤ 50% or P ≥ 0.10 in the Q test). Otherwise, subgroup analysis was performed to identify the source(s) of the heterogeneity
Inclusion criteria	
Study design	RCTs
Population	Patients (≥18 years old) who were diagnosed with LBP were eligible for inclusion without any restriction on sex, nationality, race, the period or nature of prior treatments, past or existing diseases, economic status, or inpatient or outpatient care.
Intervention	Acupressure only or adjunctive treatments, such as usual care, sham acupressure, acupuncture, or physical therapy, combined with acupressure
Comparator	Usual care, sham acupressure, acupuncture, or physical therapy could be applied
Other	No restrictions were set on publication type, language or status
Exclusion criteria	
Study design	No restrictions

Characteristics of included reviews	Low back pain				
Review ID	**Li 2021**				
Population	Auricular acupressure or acupressure on specific reflexology areas of the hands or feet. Acupressure undertaken by therapeutic devices or non-medical staff				
Intervention	Not specified				
Comparator	Not specified				
Other	Not specified				
Date of documented search (month/year)	Database inception to November 2019				
Databases searched	PubMed	CENTRAL	Clinical Trials gov		
	Embase	Chinese Clinical Trial Registry			
	The Chinese Biomedical Literature database		The China National Knowledge Infrastructure		
Was an non-English database searched?	Yes	--			
Were studies in a language other than English included?	Yes	No restrictions were set on publication type, language or status			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Response rate	Not defined	--	Proportion of participants who reported relief from pain or symptoms
2	Primary	Pain intensity	Not defined	VAS (0-10cm or 0-100mm)	Values are normalised up to a 0-10cm range for comparability
3	Primary	Functional ability	Not defined	Owes try disability index and Japanese Orthopaedic Association scores	For JOA, 0-17 scales are normalised to 0-29 scores for comparability
4	--	--	--	--	--
5	--	--	--	--	--

Characteristics of included reviews	Low back pain				
Review ID	**Li 2021**				
6	--	--	--	--	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB	Three studies were classified as high risk of bias, 5 studies was with low risk of bias and the other 15 studies were rated with unclear risk of bias			
NRSI	Not applicable	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Hsieh 2004	RCT	P: Low back pain (non-sepcific) I: Acupressure 6 sessions, 4 weeks	Not specified	N= (69/77) C: Physical therapy O: Pain (VAS, SF-MPQ)
2	Hsieh 2006	RCT	P: Low back pain (non-sepcific) I: Acupressure 6 sessions, 4 weeks	Not specified	N=129 (64/65) C: Physical therapy O: Pain (VAS), Disability (RMDQ)
3	Zhang 2017	RCT	P: Low back pain I: Acupressure daily, 4 weeks	Not specified	N= 60 (30/30) C: Physical therapy O: Response rate, Pain (JOA, VAS)
4	Wen 2015	RCT	P: Low back pain I: Acupressure 1x per week, 5 weeks	Not specified	N= (64/59) C: Tuina massage O: Response rate, Pain (VAS)
5	Zheng 2012	RCT	P: Low back pain I: Acupressure 5x per week, 20 days	Not specified	N = 180 (90/90) C: Tuina massage O: Response rate, Pain (JOA, VAS)
6	Lu 2004	RCT	P: Low back pain I: Acupressure daily, 20 days	Not specified	N = 104 (54/50) C: Tuina massage O: Response rate, Pain (VAS)

Characteristics of included reviews	Low back pain				
Review ID	Li 2021				
7	Wang 2010	RCT	P: Low back pain I: Acupressure daily, 20 days	Not specified	N = 84 (44/40) C: Tuina massage O: Response rate
8	Liao 2018	RCT	P: Low back pain I: Acupressure daily, 2 weeks	Not specified	N = 200 (100/100) C: Tuina massage O: Response rate, Functional independence
9	Zhang 2018	RCT	P: Low back pain I: Acupressure daily, 4 weeks	Not specified	N = 84 (42/42) C: Tuina massage O: Response rate
10	Zhang 2010	RCT	P: Low back pain I: Acupressure daily, 20 days	Not specified	N = 261 (131/130) C: Tuina massage O: Response rate, Pain (VAS)
11	Kobayashi 2019 INCLUDED IN SHIATSU	RCT	P: Low back pain (non-sepcific) I: Shiatsu 1x per week, 4 weeks	Not specified	N = (27/24) C: Usual care O: Disability (RMDQ, ODI, Pain (VAS, SF-MPQ)
12	10 other studies not included as they did not meet our PICO criteria (assessed acupressure plus acupuncture or electro-acupuncture). The effect of acupressure alone not able to be discerned.				
13	Chen 2015	RCT	P: Dysmenorrhoea (with low back pain) I: Acupressure 2x daily, 1 week	Not specified	N = (65/64) C: Usual care O: Disability (ODI), Pain (VAS)
Authors conclusions (key message)	Acupressure was superior to tuina massage on response rate (RR 1.25; 95% CI, 1.16 to 1.35; P < 0.00001) and in the standardized mean difference (SMD) for pain reduction [SMD −1.92; 95% CI, −3.09 to −0.76; P = 0.001]. Likewise, acupressure was superior to physical therapy [SMD, −0.88; 95% CI, −1.10 to −0.65; P < 0.00001] and to usual care [SMD, −0.32; 95% CI, −0.61 to −0.02; P = 0.04] in pain reduction. Owestry Disability Index was significantly improved by acupressure compared with usual care [SMD, −0.55; 95% CI, −0.84 to −0.25; P = 0.0003]. A combination of acupressure with either manual acupuncture or electro-acupuncture showed significant improvements over the adjuvant therapies alone in response rate [RR 1.19; 95% CI, 1.13 to 1.26; P < 0.00001], pain reduction, and the Japanese Orthopaedic Association score (JOA). However, each study displayed substantial heterogeneity.				

Characteristics of included reviews	Dysmenorrhea
Review ID	**White 2003**
Review Title	Sham Acupressure Controls Used in Randomized Controlled Trials: A Systematic Review and Critique
Review objective	A systematic review of controlled trials of acupuncture or acupressure for gynaecological conditions, published in a European language.
Author affiliations	1 author was affiliated with a tertiary institution in the UK
Source of funds	Partial funding from Health Action Zone Fellowship
Declared interests of the review authors	Author declared they have no conflict of interest
Review method of analysis	Narrative review Descriptive
Inclusion criteria	
Study design	RCTs
Population	Gyanecological conditions. Search terms used was infertility, mastalgia, menopause, menorrhagia, pelvic pain, premenstural, valvodynia
Intervention	Acupuncture or acupressure
Comparator	None specified
Other	English langauge

Characteristics of included reviews	Dysmenorrhea				
Review ID	**White 2003**				
Exclusion criteria					
Study design	None specified				
Population	None specified				
Intervention	None specified				
Comparator	None specified				
Other	--				
Date of documented search (month/year)	Not reported				
Databases searched	MEDLINE EMBase Cochrane Library				
Was an non-English database searched?	Yes	--			
Were studies in a language other than English included?	Yes	European languages were included			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain	Not specified	VAS	
2	--				

Characteristics of included reviews	Dysmenorrhea				
Review ID	**White 2003**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	--	No risk of bias assessment reported			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Pouresmail 2002	RCT	P: School girls I: Self-acupressure	School	N= (72/72/72) C: Sham acupressure OR ibuprofen O: Pain (VAS), dysmenorrhoea grade
2	Taylor 2002	RCT	P: not specified I: Acupressure garment	Not specified	N= (31/27) C: Usual care O: Menstrual pain, medication diary
3	--				
4	--				

Characteristics of included reviews	Dysmenorrhea				
Review ID	White 2003				
5	--				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	In view of the small number of studies and their variable quality, doubt remains about the effectiveness of acupuncture for gynaecological conditions. Acupuncture and acupressure appear promising for dysmenorrhoea, and acupuncture for infertility, and further studies are justified.				

Characteristics of included reviews	Dysmenorrhea
Review ID	Cho 2010
Review Title	Acupressure for primary dysmenorrhoea: A systematic review
Review objective	To assess the effectiveness of acupressure for the symptomatic treatment of primary dysmenorrhoea from randomised controlled trials (RCTs)
Author affiliations	2 authors were affiliated with a tertiary institution in South Korea
Source of funds	Not reported
Declared interests of the review authors	Authors declare that they have no conflicts of interest
Review method of analysis	Meta-analysis standard mean differences (SMDs) for changes in dysmenorrhoea symptoms scores as a degree of reduction in the severity of pain with their 95% confidence intervals (CIs), were calculated using Review Manager (RevMan) software
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Women of reproductive age with primary dysmenorrhoea, that is, indi viduals with no identifiable pelvic pathology as indicated by pelvic examination, ultrasound scans and laparoscopy or women self-reporting a diagnosis of primary dysmenorrhoea.
Intervention	Clinical trials evaluating acupres sure treatments, specifically hand and device acupressure on acupoints, were included. Trials for evaluation acu pressure as an adjunctive treatment during dysmenorrhoea were included.
Comparator	No treatment (wait-listed or treatment as usual), placebo-controlled (sham acupressure), pharmaco logic treatment (NSAIDs or OCPs), or non-pharmacologic interventions
Other	

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Cho 2010**				
Exclusion criteria					
Study design	None specified				
Population	This study excluded women with secondary dysmenorrhoea, associated with identifiable pelvic pathology and due to the presence of an intrauterine device.				
Intervention	Clinical trials evaluating auricular therapy (auricular acupressure with seed) were excluded. Studies that assessed the combined effect of acupressure with other therapies (e.g., acupressure and acupuncture or acupuncture and moxibustion therapy) were excluded				
Comparator	Trials that compared different forms of acupressure to each other were also excluded.				
Other	--				
Date of documented search (month/year)	Up to July 2008				
Databases searched	MEDLINE	PsychInfo	National Centre for Complementary and Alternative Medicine		
	EMBASED	CINAHL	National Institutes of Health	Current Controlled Trials	
	AMED	Japan Science and Technology Information and Research Information Aggregator Electronic			
	CAM Specialist Library at the NHS National Library for Health		Korean medical databases		
Was an non-English database searched?	Yes	--			
Were studies in a language other than English included?	Yes	No restriction			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain relief	Not specified	VAS or other validated scale	Number of women with pain relief, reduced pain or no improvement, or improvement in symptoms
2	Secondary	Adverse effects	Not specified	Not specified	Incidence and type of side effects

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Cho 2010**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane Risk of Bias tool	One study described adequate methods of randomisation, the others did not describe the sequence generation process. All included trials received allocation scores of 'Unclear' as they did not have clear descriptions of their method of allocation concealment. Two Iranian			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Ahgamiri 2005	RCT	P: not specified I: Acupressure 2x during 6hr for bleeding (two cycles)	Iran	N=100 C: Sham acupressure O: Pain (VAS)
2	Chen 2004	RCT	P: not specified I: Acupressure 1x daily for bleeding (4-6 weeks)	Taiwan	N=81 C: Waitlist O: Pain (VAS, SF-MPQ), Distress (MDQ)
3	Pouresmail 2002	RCT	P: not specified I: Acupressure 1x per 2 days 24h prior (3 months)	Iran	N=216 C: Sham acupressure OR Ibuprofen O: Pain (VAS, SF-MPQ), Improvement rate,
4	Taylor 2002	RCT	P: not specified I: Acupressure device 3 days at onset (2 cycles)	USA Ibuprofen as adjunct	N=61 C: No intervention O: Pain (VAS, SF-MPQ), Symptom intensity; pain medication use

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Cho 2010**				
5	--				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	The available data from RCTs suggest that acupressure alleviates menstrual pain. These results were limited by the small number of trials. Well-designed RCTs with rigorous methods of randomisation, and adequately concealed allocation, are needed.				

Characteristics of included reviews	Dysmenorrhea
Review ID	**Lathe 2011**
Review Title	Dysmenorrhea
Review objective	To answer the following clinical question: What are the effects of treatments for primary dysmenorrhoea?
Author affiliations	Birmingham Women's NHS Foundation Trust
Source of funds	Not reported
Declared interests of the review authors	Competing interests: PML, RC, and KSK are authors of several references in this review
Review method of analysis	Best evidence synthesis Inclusive of meta-analysis and GRADE
Inclusion criteria	
Study design	Published systematic reviews of RCTs and RCTs in any language, at least single blinded, and containing >20 individuals of whom >80% were followed up.
Population	Primary dysmenorrhoea or where a subgroup analysis was carried out in women with primary dysmenorrhoea. Where studies included a mixture of primary and secondary dysmenorrhoea, the authors included studies in which at least 66% of women had primary dysmenorrhoea
Intervention	Any intervention intended to relieve pain from dysmenorrhoea (inclusive of NSAIDs, TENS, topical heat, acupressure, spinal manipulation, relaxation, acupuncture, fish oil, vitamin B12, magnets, intrauterine progestogens)
Comparator	None specified
Other	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Lathe 2011**				
Exclusion criteria					
Study design	None specified				
Population	None specified				
Intervention	None specified				
Comparator	None specified				
Other	--				
Date of documented search (month/year)	Inception to Jan 2010				
Databases searched	Medline				
	Embase				
	Cochrane				
	HTA				
	DARE				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	Not reported.			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain	Not specified	Not specified	--
2	Secondary	Daily activities and work	Not specified	Not specified	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Lathe 2011**				
3	Secondary	Adverse effects	Not specified	Not specified	--
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Nil.	Risk of bias assessments does not appear to have been carried out.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Pouresmail 2002	RCT	P: not specified I: Acupressure	Iran	N=216 C: Sham acupressure OR Ibuprofen O: Pain (VAS, SF-MPQ), Improvement rate,
2	Taylor 2002	RCT	P: not specified I: Acupressure device	USA Ibuprofen as adjunct	N=61 C: No intervention O: Pain (VAS, SF-MPQ), Symptom intensity; pain medication use
3	--				
4	--				

Characteristics of included reviews	Dysmenorrhea
Review ID	**Lathe 2011**
5	--
6	--
7	--
8	--
9	--
10	--
11	--
12	--
Authors conclusions (key message)	Compared with no treatment or sham acupressure Acupressure may be more effective than placebo acupressure or waiting list control at reducing pain after 2 to 3 months in women with primary dysmenorrhoea (low-quality evidence). Physiotherapists could consider using heat, transcutaneous elec trical nerve stimulation, and yoga in the management of primary dysmenorrhea. While benefits were also identified for acupuncture and acupressure in no-treatment controlled trials, the absence of significant effects in sham-controlled trials suggests these effects are mainly attributable to placebo effects.

Characteristics of included reviews	Umbrella review
Review ID	**Lee 2011c**
Review Title	The Efficacy of Acupressure for Symptom Management: A Systematic Review
Review objective	Review randomized controlled trials that investigated the efficacy of acupressure for the management of symptoms
Author affiliations	Two authors are affiliated with a tertiary institution and hospital in the US
Source of funds	
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review Descriptive
Inclusion criteria	
Study design	RCTs
Population	Not reported
Intervention	Acupressure for symptom management
Comparator	Not specified
Other	Written in English; A review of studies for individual symptoms was included in this review if there were at least four trials for management of a particular symptom.

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
Exclusion criteria					
Study design	--				
Population	--				
Intervention	--				
Comparator	--				
Other	--				
Date of documented search (month/year)	Jan 2000 to January 2010				
Databases searched	CINAHL Pubmed Medline -- --				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	No	English language only			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Pain	Not reported	Not reported	--
2	--				

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB	The average risk of bias score was 3.8 for RCTs focused on nausea/vomiting, 4.8 for studies investigating pain management, 2.3 for studies of efficacy for dyspnoea, and 2.5 for those studying the reduction of fatigue/insomnia.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 2010	RCT	P: Adolescents I: acupressure (SP6) 20 mins, 1st day of cycle	School	N=69 C: Rest O: Pain
2	Taylor 2002	RCT	P: not specified I: Acupressure device 1st 3 days of cycle	USA Ibuprofen as adjunct	N=58 C: No intervention O: Pain (VAS, SF-MPQ), Symptom intensity; pain medication use
3	Pouresmail 2002	RCT	P: not specified I: Acupressure	Iran, High school	N=216 C: Sham acupressure OR Ibuprofen O: Pain (VAS, SF-MPQ), Improvement rate,
4	Other eligible studies reported elsewhere. (See Cancer, Sleep/Wake, Musculoskeletal)				

Characteristics of included reviews	Umbrella review				
Review ID	**Lee 2011c**				
5	--				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	Acupressure may be a useful strategy for the management of multiple symptoms in a variety of patient populations, but rigorous trials are needed. Inclusion of acupressure as an intervention may improve patient outcomes.				

Characteristics of included reviews	Umbrella review
Review ID	**Robinson 2011**
Review Title	The evidence for Shiatsu: a systematic review of Shiatsu and acupressure
Review objective	To systematically review all papers using Shiatsu or acupressure for any health condition for any population, using either a systematic review/meta-analysis, RCT, quasi-experimental, or uncontrolled design.
Author affiliations	Two authors are affiliated with a tertiary institution in the UK and one author is affiliated with a tertiary institution in China
Source of funds	Shiatsu Society, UK
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review Descriptive
Inclusion criteria	
Study design	Meta-analysis, systematic review or clinical trial
Population	Any health condition
Intervention	Shiatsu or acupressure administered manually/bodily
Comparator	Not reported
Other	Published after January 1990

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
Exclusion criteria					
Study design	Guidelines for treatment, reports of possible adverse events, surveys, case reports/series, non systematic reviews, qualitative studies, conference abstracts/posters, newspaper articles, book reviews, popular health publications, general comments or letters, papers included in systematic reviews included in this review				
Population	--				
Intervention	Use of plasters, devices or wristbands, Acupressure on auricular or Korean points/meridians				
Comparator	--				
Other	Papers in a language other than English				
Date of documented search (month/year)	Not reported				
Databases searched	EMBASE	AMED	Wiley Interscience		
	PsychInfo	British Nursing Index			
	Science Direct	Ingenta Select	ZETOC		
	CINAHL	Blackwell Synergy			
	Medline	EBM reviews (includes all Cochrane Library resources)			
Was an non-English database searched?	No				
Were studies in a language other than English included?	Not specified				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Pain	Not reported	Not reported	2 RCTs
2	--				

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not reported	--			
NRSI	Not reported	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 2010	RCT	P: Adolescents I: Acupressure 20 mins	Not reported	N= (99/35) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
2	Wong 2010	RCT	P: Students I: Acupressure 20 mins	College	N= 40 (19/21) C: Rest O: Pain (VAS, SF-MPQ), Distress
3	Jun 2007	NRSI	P: Students I: Acupressure within first 8 hrs of cycle	College	N= 61 (30/31) C: Sham (light touch) O: Pain (VAS), skin temperature changes
4	Other studies considered elsewhere (See Musculoskeletal pain, Mental & behavioural, Sleep-Wake disorders)				

Characteristics of included reviews	Umbrella review				
Review ID	**Robinson 2011**				
5	--				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	Evidence is improving in quantity, quality and reporting, but more research is needed, particularly for Shiatsu, where evidence is poor. Acupressure may be beneficial for pain, nausea and vomiting and sleep. Fairly good evidence existed for agitation in dementia compared to control, although generalisability was limited by small sample size, lack of control and high attrition. No data provided				

Characteristics of included reviews	Dysmenorrhea
Review ID	**Chung 2012**
Review Title	Acupoint stimulation intervention for people with primary dysmenorrhea: Systematic review and meta-analysis of randomized trials
Review objective	The aim of this study was to determine the effectiveness of acupoint stimulation for primary dysmenorrhea
Author affiliations	2 authors were affiliated with tertiary institutions in Taiwan
Source of funds	Not reported
Declared interests of the review authors	Authors declare that they have no conflicts of interest
Review method of analysis	Meta-analysis Continuous outcome variables were analyzed using a standardized measure (the SMD from each study, which was weighted by a number proportional to the sample size to derive a weighted average over all the studies). Dichotomous variables were compared and the results presented as odds ratios (ORs). A forest plot was used to depict and summarize individual effect sizes with 95% confidence intervals (CIs). Heterogeneity was computed to assess methodology and criteria. In terms of I2 statistic, if significant heterogeneity (I2 > 50%) was found in individual effect sizes, a random instead of a fixed-effects model was applied
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Females of any age with primary dymenorrhea
Intervention	Acupuncture related interventions must have been included
Comparator	Non-treatment, placebo acupuncture, placebo acupressure or analgesics.
Other	First available year to March 2011

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Chung 2012**				
Exclusion criteria					
Study design	Not reported				
Population	Animal studies and clinical studies on patients with secondary dysmenorrhea were excluded.				
Intervention	Not reported				
Comparator	Not reported				
Other	Not reported				
Date of documented search (month/year)	First available year to March 2011				
Databases searched	Medline	Chinese Electronic databases			
	PubMed	CINAHL			
	Cochrane				
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Studies were limited to English and Chinese			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Cure rate	Not specified	Not specified	proportion of patients who had complete pain relief
2	Not specified	Total effective rate	Not specified		total post- treatment score decreased by 1/2 to 3/4 times that of the pre-treatment score, according to the Clinical Study Guideline for Newly Developed Chinese Medicine

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Chung 2012**				
3	Not specified	pain intensity	Not specified	VAS	
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Jadad score	The Jadad score averaged 1.8 ± 0.96 (range 1—5) and was 1.00 in 11 RCTs (44%) and 2.00 in 10 RCTs (40%).			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Bazarganipour 2010	RCT	P: not specified I: Acupressure (LR3)	Not specified	N=197 'C: Placebo acupuncture O: Pain, BDI
2	Chen 2004	RCT	P: Adolescents I: Acupressure (SP6) 20 mins	Not reported	N=69 C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
3	Chen 2010	RCT	P: Adolescents I: Acupressure (ST36, LI4, ST36&LI4)	Not reported	N= 200 C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
4	Chi 2004	RCT	P: Adolescents I: Acupressure (SP6&SP10)	Not specified Heating pad as adjunct	N=60 C: No intervention O: Pain (VAS), BP, Pulse, Skin temperature

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Chung 2012**				
5	Kashefi 2010	RCT	P: Students I: Acupressure (SP6)	Not specified	N=86 C: 'Sham acupressure O: Pain (VAS, SF-MPQ)
6	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure (SP6)	Not specified	N=30 C: 'Sham acupressure (touch) O: Pain (VAS), menstrual pain score
7	Pouresmail 2002	RCT	P: not specified I: Acupressure (LI4, SP15, ST36, SP6, LR3)	Iran, High school	N=216 C: Sham acupressure OR Ibuprofen O: Pain (VAS, SF-MPQ), Symptom severity,
8	Studies in acupuncture, moxibustion etc. not included here.				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	Twenty-five RCTs with a total of over 3000 participants were included for the meta-analysis. Acupoint stimulation when compared with non-acupoint-related stimulation or medication had significant effects. Moderator analysis further confirmed that invasive and non invasive acupoint stimulation was effective separately, with the latter being more effective. The most common adverse events were hemorrhage and hematoma.				

Characteristics of included reviews	Dysmenorrhea
Review ID	**Chen 2013**
Review Title	Acupuncture or Acupressure at the Sanyinjiao (SP6) Acupoint for the Treatment of Primary Dysmenorrhea: A Meta-Analysis
Review objective	To evaluate the effectiveness of acupuncture or acupressure at the Sanyinjiao (SP6) acupoint in relieving pain associated with primary dysmenorrhea.
Author affiliations	All 4 authors are affiliated with tertiary instiutions in Taiwan
Source of funds	Not reported
Declared interests of the review authors	Authors declare that they have no conflicts of interest
Review method of analysis	Meta-analysis
	Mean and standard deviations were calculated for VAS scores and were compared among participants who were treated with acupuncture/acupressure and control. A χ^2-based test of homogeneity was performed and the inconsistency index (I^2) statistic was determined. If I^2 was >50%or >75%, the trials were considered to be heterogeneous or highly heterogeneous, respectively. If I^2 was <25%, the studies were considered to be homogeneous. If the I^2 statistic (>50%) that indicated heterogeneity existed between studies, a random-effects model was calculated. Otherwise, fixed-effects models were calculated.
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Females of any age with primary dymenorrhea
Intervention	Acupuncture or acupressure at the SP6 acupoint
Comparator	Not reported
Other	Outcome of pain intensity; studies published in English

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Chen 2013**				
Exclusion criteria					
Study design	Not reported				
Population	Not reported				
Intervention	Acupuncture-like transcutaneous electrical nerve stimulation, moxibustion, and other acupuncture-related techniques (except acupressure)				
Comparator	Not reported				
Other					
Date of documented search (month/year)	Date of inception to December 2012				
Databases searched	PubMed	Current Controlled Trials databases			
	Cochrane Library				
	Google Scholar				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	No	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain relief	Not reported	Visual analogue scale (VAS),	
2	--				

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Chen 2013**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane	Overall, the acupressure trials identified had a high associated risk of bias due to sequence generation, allocation concealment, and blinding. Incomplete outcome data were adequately addressed in all trials.We were unable to determine if any of the acupressure trials			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure (SP6) 20 mins	Iran	N=30 C: 'Sham acupressure (touch) O: Pain (VAS), menstrual pain score
2	Kashefi 2010	RCT	P: Students I: Acupressure (SP6) 30 mins	Iran	N=86 C: 'Sham acupressure O: Pain (VAS, SF-MPQ)
3	Wong 2010	RCT	P: Students I: Acupressure (SP6) 20 mins & 1st 3 days of cycle	China	N= 46 C: Rest O: Pain (VAS, SF-MPQ), Distress
4	Chen 2004	RCT	P: Adolescents I: Acupressure (SP6) 20 mins	Taiwan	N=69 C: Rest O: Pain (VAS, SF-MPQ), Anxiety

Characteristics of included reviews	Dysmenorrhea
Review ID	**Chen 2013**
5	Studies in acupuncture not included here.
6	--
7	--
8	--
9	--
10	--
11	--
12	--
Authors conclusions (key message)	The acupressure trials identified in our literature review consistently reported that acupressure at the SP6 acupoint resulted in better pain relief than that of control treatment, the nature of which varied between studies. Unsurprisingly, our meta-analysis also revealed that acupressure at the SP6 acupoint resulted in significantly better pain relief.

Characteristics of included reviews	Dysmenorrhea
Review ID	**Jiang 2013**
Review Title	Systematic Review of Randomized Clinical Trials of Acupressure Therapy for Primary Dysmenorrhea
Review objective	To evaluate the efficacy of body acupressure in the treatment of primary dysmenorrhea when compared with a placebo, no treatment, or conventional med ical treatment based on randomized controlled trials
Author affiliations	6 authors were affiliated with a tertiarty institution in Shanghai
Source of funds	State Twelfth Five-Year Major Special Project of New Drug Innovation and Manufac ture: Project Construction of Clinic Evaluation Technology Platform for New TCM Drugs (2011ZX09302-006-04) and Longhua Medical Team Project (LYTD-13).
Declared interests of the review authors	Authors declare that they have no conflicts of interest
Review method of analysis	Meta-analysis Statistical analysis was performed with RevMan 5.1 soft ware. For dichotomous data, results for each study were expressed as Peto odds ratios (OR) with corresponding 95% confidence intervals (CI) using the Mantel-Haenszel method. For continuous data results were expressed as weighted mean differences (WMD) with 95% CI or as standardized weighted mean differences (SMD) if outcomes were conceptually the same but measured in different ways in the different trials.
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Primary dysmenorrhear during the majority of the menstrual cycles or for three consecutive menstrual cycles with moderate to severe primary dysmenorrhea.
Intervention	Acupressure for the treatment of primary dysmenorrhea
Comparator	Placebo control, rest, pharmacological management or other conventional treatments
Other	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Jiang 2013**				
Exclusion criteria					
Study design	Not reported				
Population	Patients with secondary dysmenorrhea				
Intervention	Not reported				
Comparator	Not reported				
Other	Not reported				
Date of documented search (month/year)	Inception to March 2012				
Databases searched	MEDLINE Chinese BiomedicalDatabase CENTRAL -- --				
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Not reported.			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain relief	Not specified	VAS or other validated scale	--
2	Secondary	Overall improcement	Not specified	SF-MPQ or MDQ	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Jiang 2013**				
3	Secondary	Quality of life	Not specified	validated scale	--
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane	No trial was at a low risk of bias on all domains.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Bazarganipour 2010	RCT	P: not specified I: Acupressure (LR3)	Iran	N=197 (88/84) 'C: Placebo acupuncture O: Andersch & Milson scale
2	Chen 2004	RCT	P: Adolescents I: Acupressure (SP6) 20 mins	Taiwan	N=(35/34) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
3	Chen 2010	RCT	P: Adolescents I: Acupressure (ST36, LI4, ST36&LI4)	Taiwan	N= 200 (30/33/36/35) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
4	Kashefi 2010	RCT	P: Students I: Acupressure (SP6) 30 mins	Iran	N= (40/41) C: 'Sham acupressure O: Pain (VAS, SF-MPQ)

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Jiang 2013**				
5	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure (SP6) 20 mins	Iran	N=30 (15/15) C: 'Sham acupressure (touch) O: Pain (VAS)
6	Pouresmail 2002	RCT	P: not specified I: Acupressure (LI4, SP15, ST36, SP6, LR3)	Iran, High school	N=216 (72/72/72) C: Sham acupressure OR Ibuprofen O: Pain (VAS), Andersch & Milson scale
7	Taylor 2002	RCT	P: not specified I: Acupressure device 1st 3 days of cycle	USA Ibuprofen as adjunct	N=58 (31/27) C: No intervention O: Pain (VAS, SF-MPQ), Symptom intensity; pain
8	Wong 2010	RCT	P: Students I: Acupressure (SP6) 20 mins & 1st 3 days of cycle	China	N= 46 (19/21) C: Rest O: Pain (VAS, SF-MPQ), Distress
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	Acupressure improved pain measured with VAS (–1.41 cm 95% CI [–1.61, –1.21]), SF-MPQ at the 3-month followup (WMD –2.33, 95% CI [–4.11, –0.54]) and 6-month followup (WMD –4.67, 95%CI [–7.30, –2.04]), and MDQ at the 3-month followup (WMD –2.31, 95% CI [–3.74, –0.87]) and 6-month followup (WMD –4.67, 95% CI [–7.30, –2.04]). All trials did not report adverse events. These results were limited by the methodological flaws of trials.				

Characteristics of included reviews	Pain
Review ID	**Chen 2014**
Review Title	Chen, Y. W., & Wang, H. H. (2014). The effectiveness of acupressure on relieving pain: a systematic review. Pain management nursing : official journal of the American Society of Pain Management Nurses, 15(2), 539–550. https://doi.org/10.1016/j.pmn.2012.12.005
Review objective	Evaluate the effectiveness of acupressure in relieving pain among different populations
Author affiliations	Two authors are affiliated with tertiary institutions in Taiwan
Source of funds	Not reported
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review Descriptive
Inclusion criteria	
Study design	RCTs
Population	Human beings
Intervention	Acupressure
Comparator	Not specified
Other	--

Characteristics of included reviews	Pain				
Review ID	**Chen 2014**				
Exclusion criteria					
Study design	Qualitative studies, doctoral dissertations, systematic reviews and case reports				
Population	Infants and animal studies				
Intervention	Combining acupressure with other therapies such as acupuncture, aromatherapy, massage, and analgesic medications				
Comparator	--				
Other	--				
Date of documented search (month/year)	Jan 1996 to Dec 2011				
Databases searched	Medline Pubmed CINAHL -- --				
Was an non-English database searched?					
Were studies in a language other than English included?	No	--			
Outcomes included in SR (list)	Not specified	--			
1	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
2	Primary	Pain	Not reported	VAS, McGill Pain Questionnaire	Dysmenorrhea

Characteristics of included reviews	Pain				
Review ID	**Chen 2014**				
3	Primary	Distress	Not reported	Short Form Menstrual Distress Questionnaire	Dysmenorrhea
4	Primary	Pain	Not reported	Pain intensity verbal rating scale (Chinese version)	Low back and neck pain
5	Primary	Pain	Not reported	SF Pain Questionnaire (Chinese version)	Low back and neck pain
6	Primary	Disability	Not reported	RMDQ	Low back and neck pain
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not reported	Authors assessed the study designs, adequacy of randomization and concealment of allocation, and blinding of participants across the studies			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 2010	RCT	P: Adolescents I: Acupressure 20 mins	Not reported	N= (99/35) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
2	~~Jun 2007~~	~~NRSI~~	~~P: Students I: Acupressure within first 8 hrs of cycle~~	~~College~~	~~N= 61 (30/31) C: Sham (light touch) O: Pain (VAS), skin temperature changes~~
3	Kashefi 2010	RCT	P: Students I: Acupressure	Not reported	N= 86 (43/43) C: Sham acupressure O: Pain (VAS, SF-MPQ)
4	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure within first 8 hrs of cycle	College	N= 30 (15/15) C: Sham (light touch) O: Pain (VAS)

Characteristics of included reviews	Pain				
Review ID	**Chen 2014**				
5	Wong 2010	RCT	P: Students I: Acupressure 20 mins	College	N= 40 (19/21) C: Rest O: Pain (VAS, SF-MPQ), Distress
6	One study (Wang 2009) not included as the intervention is out of scope (auricular acupressure). 'Evidence for other pain conditions considered elsewhere (see Musculoskeletal, Labour)				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	From the results of the fifteen studies, acupressure is shown to reduce various pains, including dysmenorrhea, labour pain, low back pain, chronic headache, and other traumatic pains in different countries. The clinical trials showed that acupressure can be efficiently conducted by health care professionals as an adjuvant therapy in general practice for pain relief.				

Characteristics of included reviews	Dysmenorrhea
Review ID	Kannan 2014
Review Title	Some physiotherapy treatments may relieve menstrual pain in women with primary dysmenorrhea: a systematic review
Review objective	In women with primary dysmenorrhea, do physiotherapy inter ventions reduce pain and improve quality of life compared to a control condition of either no treatment or a placebo/sham?
Author affiliations	1 author was affiliated with a tertiarty institution in New Zealand and 1 author was affiliated with a tertiatry institution in the UK
Source of funds	No funds were received for this project.
Declared interests of the review authors	Authors declare that they have no conflicts of interest
Review method of analysis	Meta-analysis Where possible, data presented in other formats were converted to mean and SD for inclusion in meta-analysis.
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Women with primary dysmenorrhea
Intervention	Acupuncture and acupressure, manual therapy, including spinal manipulation, electrotherapy, including transcutaneous electrical nerve stimulation, massage, therapeutic exercise
Comparator	Physiotherapy intervention vs no treatment; physiotherapy intervention vs placebo or sham control
Other	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Kannan 2014**				
Exclusion criteria					
Study design	Not reported				
Population	Patients with secondary dysmenorrhea				
Intervention	Trials that compared different forms of the same treatment were excluded				
Comparator	Not reported				
Other	Studies published in languages other than English and Swedish were excluded				
Date of documented search (month/year)	Inception to June 2012				
Databases searched	CINAHL PEDro EMBASE AMED Ovid Medline Web of Science				
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain intensity	Not specified	VAS and NRS	--
2	Secondary	Quality of life	Not specified	Not specified	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Kannan 2014**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	PEDro	The methodological quality of the included trials ranged from low to high, with a mean PEDro36 score of 6.5 out of 10. Six trials were methodologically high-quality tri als with scores ≥6. The individual PEDro items satisfied by fewer than half the trials were concealed			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 2004	RCT	P: Adolescents I: Acupressure (SP6) 20 mins	Taiwan	N= 69 (35/34) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
2	Chen 2010	RCT	P: Adolescents I: Acupressure 20 mins	Taiwan	N= 134 (99/35) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
3	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure (SP6) 20 mins	Iran	N=30 (15/15) C: 'Sham acupressure (touch) O: Pain (VAS)
4	Pouresmail 2002	RCT	P: not specified I: Acupressure (LI4, SP15, ST36, SP6, LR3)	Iran	N=216 (72/72/72) C: Sham acupressure OR Ibuprofen O: Pain (VAS), Andersch & Milson scale

Characteristics of included reviews	Dysmenorrhea				
Review ID	Kannan 2014				
5	--				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	Physiotherapists could consider using heat, transcutaneous elec trical nerve stimulation, and yoga in the management of primary dysmenorrhea. While benefits were also identified for acupuncture and acupressure in no-treatment controlled trials, the absence of significant effects in sham-controlled trials suggests these effects are mainly attributable to placebo effects				

Characteristics of included reviews	Dysmenorrhea
Review ID	**Abaraogu 2015**
Review Title	As Acupressure Decreases Pain, Acupuncture May Improve Some Aspects of Quality of Life for Women with Primary Dysmenorrhea: A Systematic Review with Meta-Analysis
Review objective	A systematic review of the literature was conducted to identify the outcomes and the quality of various research trials on acupuncture and acupressure in terventions for a reduction of pain and an improvement in the quality of life for females suffering from primary dysmenorrhea pain.
Author affiliations	2 authors were affiliated with a tertiary institution in Nigeria
Source of funds	Not reported
Declared interests of the review authors	Authors declare that they have no conflicts of interest
Review method of analysis	Meta-analysis Pooling of data was undertaken where adequate homogeneity of results existed
Inclusion criteria	
Study design	Studies were limited to peer-reviewed journals and conference proceedings
Population	primary dysmenorrhea [pain affecting daily activity or with a high baseline score of more than 2 on the visual analogue scale (VAS) or an equivalent tool], primary dysmenorrhea in the majority (> 50%) of menstrual cycles, primary dysmenorrhea for at least 1 day of menses, patients of reproductive age, and quality of life was an outcome measure.
Intervention	Acupuncture or acupressure
Comparator	Not reported
Other	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Abaraogu 2015**				
Exclusion criteria					
Study design	--				
Population	Irregular or infrequent menstrual cycles (usually outside of the typical range of 21-35 days) and use of an intrauterine contra ceptive device or oral contraceptive pills.				
Intervention	--				
Comparator	--				
Other	--				
Date of documented search (month/year)	1970 to 2014				
Databases searched	Ovide Medline PEDro Science Direct CINAHL AMED PubMed	Scopus Cochrane Library Web of Science PsychlINFO EMBASE MANTIS			
Was an non-English database searched?	No	--			
Were studies in a language other than English included?	Yes	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain	Not specified	Not specified	--
2	--				

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Abaraogu 2015**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	PEDro	The methodological quality of the included trials ranged from low to high, with a mean PEDro score of 6.1 out of 10. Four trials were methodologically high-quality trials with scores more than 6. The individual PEDro items satisfied by almost all the			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Pouresmail 2002	RCT	P: not specified I: Acupressure (LI4, SP15, ST36, SP6, LR3)	Iran	N=216 (72/72/72) C: Sham acupressure OR Ibuprofen O: Pain (VAS), Andersch & Milson scale
2	Two studies not included as they did not meet our PICO criteria (Jun 2007 = NRSI & Gharloghi 2012 = compares acupressure with acupressure)				
3	--				
4	--				

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Abaraogu 2015**				
5	--				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	Acupressure showed evidence of pain relief.Physiotherapists should consider using acupuncture and acupressure to treat primary dysmenorrhea, but a need exists for higher quality, randomized, blinded, sham-controlled trials with adequate sample sizes to establish clearly the effects of these modalities.				

Characteristics of included reviews	Dysmenorrhea
Review ID	Song 2015
Review Title	Effect of self-acupressure for symptom management: A systematic review
Review objective	To assess the efficacy and safety of self-administered acupressure to alleviate symptoms of various health problems, including allergic disease, cancer, respiratory disease, dysmenorrhea, perceived stress, insomnia, and sleep disturbances.
Author affiliations	4 authors were affiliated with a tertiary institution in South Korea and one author was affiliated with a Oriental Medicine Institute
Source of funds	Not reported
Declared interests of the review authors	Authors declared that they have no conflict of interest.
Review method of analysis	Narrative review Descriptive
Inclusion criteria	
Study design	RCTs or quasi-RCTs
Population	No limitation on diseases or patients
Intervention	Self-administered acupressure regardless of the acupressure techniques applied
Comparator	Sham acupressure, standard of care and no treatment
Other	Any language

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Song 2015**				
Exclusion criteria					
Study design	Not specified				
Population	Non human target population				
Intervention	Interventions other than acupressure				
Comparator	Not specified				
Other	Not specified				
Date of documented search (month/year)	Not reported				
Databases searched	MEDLINE CENTRAL CINAHL KoreaMedd Korea Institute of Science Technology Japan Science and Technology Aggregator	KMBased KISS NDSL	Oriental Medicine Advanced Searching Integrated System China National Knowledge Infrustructure		
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Not specified	Not reported.			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified				
2	--				

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Song 2015**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB tool	Among the eight RCTs, 75% (6/8) of the studies were evaluated as having a low risk of bias for random sequence generation, blinding of participants, blinding of outcome assessment, and selective reporting. The per centage of RCTs assessed as having a low risk of bias for			
NRSI	RoBANS	One quasi-RCT was evaluated as having a low risk of bias for blinding for outcome assessment, incomplete outcome data, and selective			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Bazarganipour 2010	RCT	P: not specified I: Acupressure (LR3)	Iran	N=197 (88/84) 'C: Placebo acupuncture O: Andersch & Milson scale
2	Wong 2010	RCT	P: Students I: Acupressure 20 mins	Hong Kong	N= 40 (19/21) C: Rest O: Pain (VAS, SF-MPQ), Distress
3	--				
4	--				

Characteristics of included reviews	Dysmenorrhea
Review ID	Song 2015
5	--
6	--
7	--
8	--
9	--
10	--
11	--
12	--
Authors conclusions (key message)	ll of the selected 10 studies reported positive effects for primary outcomes of self acupressure therapy for symptom management, including significant improvements in symptom scores in allergic disease, nausea and vomiting in cancer, symptom scores in respiratory disease, pain symptoms in dysmenorrhea, and stress/fatigue scores and sleep disturbances in healthy people.

Characteristics of included reviews	Dysmenorrhea
Review ID	**Tan 2015**
Review Title	Sham Acupressure Controls Used in Randomized Controlled Trials: A Systematic Review and Critique
Review objective	To explore the commonly utilized sham acupressure procedures in existing acupressure tri als, and to assess whether different types of sham interventions yield different therapeutic outcomes, and, as far as possible, to identify directions for the future development of an adequate sham acupressure method
Author affiliations	3 authors were affiliated with a tertiary institution in China
Source of funds	Authors declare they received no support or funding
Declared interests of the review authors	Authors declared that they have no conflict of interest.
Review method of analysis	Narrative review A meta analysis was deemed impossible due to the significant heterogeneity
Inclusion criteria	
Study design	RCTs
Population	No limitation on diseases or patients
Intervention	Acupressure
Comparator	Sham acupressure only
Other	Not specified

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Tan 2015**				
Exclusion criteria					
Study design	Not specified				
Population	Not specified				
Intervention	Not specified				
Comparator	Not specified				
Other	Studies in another language other than English or Chinese was excluded.				
Date of documented search (month/year)	Not reported				
Databases searched	PubMed EMBase CENTRAL Foreign Medical Journal Service Thomson Reuters Web of Science Firect CINAHL	AMED PsycINFo Chinese Scientific Journal Database Chinese Biomedical Literature Database	China National Knowledge Infrastructure WanFang Data		
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Studies in English or Chinese were included only.			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified				
2	--				

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Tan 2015**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane RoB tool	Methodological quality of the included trials was generally satisfactory, as already all studies of high risk of bias were excluded.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Atrian 2013	RCT	P: Students I: Acupressure (LR3) 16 mins, 3 cycles	Iran	N= 67 (33/34) C: 'Sham acupressure (non-acupoints) O: Pain (VAS)
2	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure (SP6) 20 mins	Iran	N=30 (15/15) C: 'Sham acupressure (touch) O: Pain (VAS)
3	--				
4	--				

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Tan 2015**				
5	--				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	A great diversity of sham acupressure controls have been used in clinical practice and research. A solid conclusion whether different sham alternatives are related to different treatment outcomes cannot be derived because of significant clinical heterogeneity among the analyzed trials.				

Characteristics of included reviews	Dysmenorrhea
Review ID	**Abaraogu 2016**
Review Title	Effectiveness of SP6 (Sanyinjiao) acupressure for relief of primary dysmenorrhea symptoms: A systematic review with meta- and sensitivity analyses
Review objective	1) What is the effect of SP6 treatment in relieving pain, and in improving quality of life, menstrual distress, anxiety and general health of women with PD delivered by trained personnel and self-delivered by patients; and 2) What are the experiences and perceptions of women with PD regarding SP6 treatment aimed at relieving their pain and other important dysmenorrhea
Author affiliations	3 authors were affiliated with a tertiary institution in Nigeria; 1 author was also affiliated with a tertiary institution in the UK
Source of funds	Not reported
Declared interests of the review authors	Not reported
Review method of analysis	Meta-analysis In conducting the meta-analysis, the statistical approach compared the standardized mean difference (and the 95% CIs) in the intervention group versus control group was used.
Inclusion criteria	
Study design	RCTs or pre-post test studies Also, qualitative studies that evaluated experiences or perceptions of patients receiving SP6 in terventions were considered for inclusion.
Population	Studies involving women with symptomatic primary dysmenorrhea
Intervention	SP6 acupressure
Comparator	Not reported
Other	the factors that influence adherence to these interventions, or the factors that influence the effectiveness of the interventions.

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Abaraogu 2016**				
Exclusion criteria					
Study design	Narrative review syntheses, systematic reviews, opinion papers and letters to the editor				
Population	Not reported				
Intervention	None				
Comparator	None				
Other	Studies not including primary data or a clear method of data analysis were also excluded. Research in a language other than English was also excluded				
Date of documented search (month/year)	up to March 2016				
Databases searched	CINAHL Cochrane Library ProQuest AMED PEDRO MEDLINE				
Was an non-English database searched?	No				
Were studies in a language other than English included?	No	Non-english studies were excluded			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain intensity	Not specified	Not specified	Immediately following the intervention, maximum duration of hours assessed after intervention, and maximum follow up
2	Secondary	Quality of life	Not specified	Not specified	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Abaraogu 2016**				
3	Secondary	Menstrual distress	Not specified	Not specified	--
4	Secondary	Anxiety	Not specified	Not specified	--
5	Secondary	General health	Not specified	Not specified	--
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane Collaboration Tool	Four studies were rated with a high risk of bias by authors and only one (Jun 2006) was rated as low.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chen 2004	RCT	P: Adolescents I: Acupressure (SP6) 20 mins	Taiwan	N= 69 (35/34) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
2	Kashefi 2010	RCT	P: Students I: Acupressure	Iran	N= 86 (43/43) C: Sham acupressure O: Pain (VAS, SF-MPQ)
3	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure (SP6) 20 mins	Iran	N=30 (15/15) C: 'Sham acupressure (touch) O: Pain (VAS)
4	Wong 2010	RCT	P: Students I: Acupressure 3 cycles	Hong Kong	N=46 (24/24) 'C: Rest O: Pain (VAS, SF-MPQ), Distress

Characteristics of included reviews	Dysmenorrhea				
Review ID	Abaraogu 2016				
5	--				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
Authors conclusions (key message)	Patient-administered intervention required multiple monthly cycles to effect pain reduction. SP6 acupressure appears to be effective when delivered by trained personnel for some PD symptoms. Findings suggest that self-administered acupressure shows promise for the alleviation of PD symptoms. High-quality research is needed before conclusive recommendations are proposed.				

Characteristics of included reviews	Dysmenorrhea
Review ID	**Smith 2016**
Review Title	Dysmenorrhea
Review objective	To determine the electiveness and safety of acupuncture and acupressure in the treatment of primary dysmenorrhoea when compared with a placebo, no treatment, or conventional medical treatment.
Author affiliations	6 authors were affiliated with a tertiary institution in either China or Australia
Source of funds	Caroline Smith in Australia and the National Institute of Complementary Medicine
Declared interests of the review authors	4 authors declared that they have no conflict of interest. 2 authors recently completed an RCT of acupuncture to treat primary dysmenorrhoea
Review method of analysis	Meta-analysis The authors calculated odds ratios (ORs) for dichotomous outcomes and mean differences (MDs) or standardised mean dilerences (SMDs) for continuous outcomes, with 95% confidence intervals (CIs). The authors pooled the data where appropriate.
Inclusion criteria	
Study design	RCTs only. Cross over trials were included if they had pre-cross over data
Population	Women of reproductive age (15 to 49 years); - primary dysmenorrhoea, i.e. no identifiable pelvic pathology as indicated by pelvic examination, ultrasound scans, or laparoscopy; - primary dysmenorrhoea (self-reported pain) during the majority of the menstrual cycles or for three consecutive menstrual cycles; - moderate to severe primary dysmenorrhoea (pain that does not respond well to analgesics, alects daily activities, or has a high baseline score on a validated pain scale).
Intervention	Any RCT involving acupuncture (manual insertion of needles to points locatedon thebody, andto the ear) andelectro-acupuncture as treatmentfor primary dysmenorrhoea. An amendment to the protocol was made to include trials of acupressure; this covers pressure applied using blunt studs or seeds. Authors also included application of minimal moxibustion on a small number of points
Comparator	Placebo control (including invasive and non-invasive placebo controls), no treatment, pharmacological management, other types of control groups (for example, wait list controls, where the control group will receive the intervention aYer a waiting period), or other conventional treatments.
Other	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Smith 2016**				
Exclusion criteria					
Study design	--				
Population	Diagnosed secondary dysmenorrhoea (e.g. fibroids, endometriosis) · dysmenorrhoea resulting from use of an intra-uterine device (IUD); · mild or infrequent dysmenorrhoea.				
Intervention	Trials of moxibustion alone due to a different mode of application and action				
Comparator	--				
Other	--				
Date of documented search (month/year)	Inception to Sep 2015				
Databases searched	PsycINFO	CINAHL	Clinical Trials.gov		Web of Knowledge
	CENTRAL	Acubase	LILACS	VIP database	WHO International Clinical Trial Registration Platform
	MEDLINE	CBM	ANZCTR	CHICTR	Google Scholar
	AMED	Cochrane Menstrual Disorders and Subfertility Group Trials Register			
	PubMed	ISRCTN	OpenGrey	ProQuest Dissertations and Theses	
	EMBASE	China National Knowledge Infrastructure			Current Controlled Trials
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Not specified				
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Pain score-	--	VAS or other validated scale Yes/No	continuous or dichotomous
2	Secondary	Overall improvement	--	Changes in overall dymenorrhoeic symptoms	Proportion of women who reported activity restrictions

Characteristics of included reviews	Dysmenorrhea					
Review ID	**Smith 2016**					
3	Secondary	Reported use of additional medication	--	--	--	
4	Secondary	Absence from work or school	--	Proportion of women reporting absences from work or school, and also as hours and days or absence as more selective measures		
5	Secondary	Quality of life	--	Validated scale e.g. SF 36		
6	Secondary	Adverse effects	--	Incidence and types		
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*				
RCTs	Cochrane	Overall we judged one trial to be at a low risk of bias on all domains, 32 trials at high risk of bias in atleast one domain and 12 trials rated as at an unclear risk of bias in one or more domains (but with no domains rated as at high risk).				
NRSI	--	--				
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*	
1	Aghamiri 2005	RCT	P: Students I: Acupressure 30 mins total, 2 cycles	Iran	N= 100 (50/50) C: Sham acupressure O: Pain (VAS) high risk due to attrition bias	
2	Bazarganipour 2010	RCT	P: Students I: Acupressure (LR3) 20 mins, 2 cycles	Iran	N=197 (95/102) 'C: Sham acupressure O: Pain (Andersch & Milson scale) high risk due to detection and attrition bias	
3	Charandabi 2011	Cluster RCT (dormitories)	P: Students I: Acupressure (SP6) 1st 2 days, 2 cycles	Iran ibuprofen as adjunct	N=72 (36/36) 'C: No intervention O: Menstrual symptoms, Symptom severity high risk due to detection bias	
4	Chen 2004	RCT	P: Adolescents I: Acupressure (SP6) 20 mins, 2 cycles	Taiwan	N= 81 (41/40) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress high risk due to detection and attrition bias	

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Smith 2016**				
5	Chen 2010	RCT	P: Adolescents I: Acupressure 20 mins over 3 days for 3 cycles	Taiwan	N= 134 (99/35) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress high risk due to detection and attrition bias
6	Kashefi 2010	RCT	P: Students I: Acupressure total 30 mins, 2 cycles	Iran	N= 86 (43/43) C: Sham acupressure O: Pain (VAS, SF-MPQ) Unclear risk all domains
7	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure (SP6) 20 mins, 1 cycle?	Iran	N=30 (15/15) C: 'Sham acupressure (touch) O: Pain (VAS)
8	Wong 2010	Cluster RCT (dormitories)	P: Students I: Acupressure (SP6) 20 mins, 3 cycles	Hong Kong	N= 40 (19/21) 'C: Rest O: Pain (VAS, SF-MPQ), Distress high risk due to detection bias
9	Zafari 2011	RCT	P: Students I: Acupressure (SP6) 20 mins, 3 cycles	Iran	N= 136 (60/76/?) C: ibuprofen & fish oil group O: Pain severity & duration, satisfaction, use of sedatives
10	All other studies were in acupuncture or auricular acupressure and were therefore not eligible for inclusion.				
11	--				
12	--				
Authors conclusions (key message)	There is insufficient evidence to demonstrate whether or not acupuncture or acupressure are elective in treating primary dysmenorrhoea, and for most comparisons no data were available on adverse events. The quality of the evidence was low or very low for all comparisons. The main limitations were risk of bias, poor reporting, inconsistency and risk of publication bias				

Characteristics of included reviews	Dysmenorrhea
Review ID	**Armour 2019**
Review Title	The effectiveness of self-care and lifestyle interventions in primary dysmenorrhea a systematic review and meta-analysis
Review objective	Eximine the evidence for particpant lead self-care techniques
Author affiliations	3 authors were affiliated with tertiary institutions in Australia
Source of funds	No external funds was provided for this work
Declared interests of the review authors	The research institutes that the authors work at receive research grants and donations from foundations, universities, government agencies and industry.
Review method of analysis	Meta-analysis Random-effects meta-analyses were conducted using Comprehensive Meta-Analysis software (Version 2). Intervention effect sizes were pre-post changes between intervention and control groups for the primary out come measure (menstrual pain intensity/severity) and were calculated using Hedges' g statistic [40], along with 95% confidence intervals (CIs) around the estimated effect-size. If pre-intervention scores were not available post treatment changes only between intervention and control groups were used. Pooled effect sizes were calculated using either menstrual pain intensity or composite pain scores (such as MMDQ) for each intervention type with > 2 studies, using random effects models. No study reported a pre and post-test correlation, therefore we as sumed a conservative correlation of 0.7 for the primary outcome.
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Women with primary dysmennorhea
Intervention	Participant lead self-care and lifestyle interventions defined as physical, including exercise, or psychological techniques that women could administer themselves and were considered to be low-risk. Techniques such as yoga, meditation, mindfulness or acupressure, which could be learned (either in person or online) and independently self-administered were in cluded, as was self-massage, but not massage that was delivered solely by a therapist or researcher. Acupressure was eligible when it was delivered by the participant for at least some of the trial period (e.g. was delivered and taught by a therapist for the first month), but not if only delivered by a therapist, researcher or other external party.
Comparator	Sham/placebo treatment, analgesic medication, oral contraception pill or usual care/no treatment
Other	Outcome measures needed to include measure of pain intensity or severity

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Armour 2019**				
Exclusion criteria					
Study design	Cross-over trials were excluded				
Population	Women with diagnosed secondary dysmenorrhea				
Intervention	None				
Comparator	None				
Other	None				
Date of documented search (month/year)	August 1997 to September 2017				
Databases searched	Medline PsychINFO Google Scholar CINAHL				
Was an non-English database searched?	No				
Were studies in a language other than English included?	Yes	Studies where an English translation was available was included			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Menstrual pain intensity of severity	End of intervention data	VAS or NRS	--
2	Not specified	Composite pain or symptoms score	End of intervention data	e.g. MMDQ	--

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Armour 2019**				
3	Not specified	Menstrual pain duration	End of intervention data	Not specified	--
4	Not specified	Analgesic usage	End of intervention data	Not specified	--
5	Not specified	Absenteeism	End of intervention data	Not specified	--
6	Not specified	Adverse events	End of intervention data	Not specified	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane	Overall most studies were assessed as having a high risk of bias for at least one domain, and all studies rated un clear for at least two domains, with no studies rating low risk of bias across all domains.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Aghamiri 2005	RCT	P: Students I: Acupressure 30 mins total, 2 cycles	Iran	N= 100 (50/50) C: Sham acupressure O: Pain (VAS)
2	Behbahani 2016	RCT	P: Students I: Acupressure 30 mins total, 2 cycles	Iran	N=120 C: Self-care exercises OR ibuprofen O: Pain (MPQ)
3	Bazarganipour 2010	RCT	P: Students I: Acupressure (LR3) 20 mins, 2 cycles	Iran	N=194 (95/102) 'C: Sham acupressure O: Pain (Andersch & Milson scale)
4	Charandabi 2011	Cluster RCT (dormitories)	P: Students I: Acupressure (SP6) 1st 2 days, 2 cycles	Iran ibuprofen as adjunct	N=72 (36/36) 'C: No intervention O: Menstrual symptoms, Symptom severity

Characteristics of included reviews	Dysmenorrhea				
Review ID	**Armour 2019**				
5	Chen 2010	RCT	P: Adolescents I: Acupressure 20 mins over 3 days for 3 cycles	Taiwan	N= 134 (99/35) C: Rest O: Pain (VAS, SF-MPQ), Anxiety, Distress
6	Chen 2015	RCT	P: Adolescents I: Acupressure (SP6, BL32, LR3) 30 mins, 3x weekly 12 months	Taiwan	N= 129 C: health education (supplements/dietary advice) O: Pain (VAS), Distress (MDQ)
7	Kashefi 2010	RCT	P: Students I: Acupressure total 30 mins, 2 cycles	Iran	N= 86 (43/43) C: Sham acupressure O: Pain (VAS, SF-MPQ)
8	Mirbagher-Ajorpaz 2011	RCT	P: Students I: Acupressure (SP6) 20 mins, 1 cycle?	Iran	N=30 (15/15) C: 'Sham acupressure (touch) O: Pain (VAS)
9	Pouresmail 2002	RCT	P: not specified I: Acupressure (5 points) 1 cycle	Iran	N=216 (72/72/72) C: Sham acupressure OR Ibuprofen O: Pain (VAS), Andersch & Milson scale
10	Zafari 2011	RCT	P: Students I: Acupressure (SP6) 20 mins, 3 cycles	Iran	N= 296 (60/76) C: ibuprofen O: Pain severity
11	Chen 2004	RCT	P: Adolescents I: Acupressure (SP6) 20 mins, 2 cycles	Taiwan	N= 69 C: Rest O: Pain (VAS, SF-MPQ)
12	Wong 2010	Cluster RCT (dormitories)	P: Students I: Acupressure (SP6) 20 mins, 3 days, 3 cycles	Hong Kong	N= 40 (19/21) 'C: Rest O: Pain (VAS, SF-MPQ), Distress
Authors conclusions (key message)	Exercise showed large effects, while acupressure and heat showed moderate effects in reducing menstrual pain compared to no treatment. Both exercise and heat are potential alternatives to analgesic medication. However, difficulties in controlling for non-specific effects, along with potential for bias, may influence study findings				

Characteristics of included reviews	Umbrella review
Review ID	**Harvie 2019**
Review Title	Traditional Chinese Medicine Self-Care and Lifestyle Medicine Outside of Asia: A Systematic Literature Review
Review objective	Explore the literature to date on Traditional Chinese Medicine (TCM) self-care in settings outside of Asia, beyond the sole application of tai chi or qigong, to consider simple self-care techniques as health care interventions that may be generalized to a wider population.
Author affiliations	Three authors are affiliated with tertiary institutions in Australia
Source of funds	Australian Government Research Training Program (RTP)
Declared interests of the review authors	The authors declare no conflicts of interest
Review method of analysis	Narrative review Narrative review of single studies
Inclusion criteria	
Study design	RCTs, NRSIs, case studies and case reports
Population	Any clinical condition
Intervention	TCM in self-care, inclusive of singular therapeutic interventions that have been drawn from TCM.
Comparator	Not specified
Other	--

Characteristics of included reviews	Umbrella review			
Review ID	**Harvie 2019**			
Exclusion criteria				
Study design	None specified			
Population	Tai chi or qigong interventions			
Intervention	--			
Comparator	--			
Other	Studies in Asia or within Asian communities			
Date of documented search (month/year)	Database inception to July 2018			
Databases searched	CINAHL Embase	Medline PubMed	AMED	
Was an non-English database searched?	No	--		
Were studies in a language other than English included?	Not specified	--		
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Pain	Baseline and post intervention	VAS
2	--			

Characterists of included reviews	Umbrella review				
Review ID	**Harvie 2019**				
3	--				
4	--				
5	--				
6	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	CONSORT 2010 Checklist	The relevant studies were considered of high risk of bias			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Risk of bias*	*Setting*	*Other notable features*
1	Behbahani 2016	RCT	P: Students I: Acupressure 30 mins total, 2 cycles	Iran	N=120 C: Self-care exercises OR ibuprofen O: Pain (MPQ)
2	Blodt 2018	RCT	P: women I: Acupressure (LI4, LR3, SP6) 5x 1 min daily, 5 days premenses, 6 cycles	Germany	N= 221 C: No intervention (usual care) O: Pain (NRS 0-10), response rate, medication use
3	Other eligible studies reported elsewhere. All othert studies were in acupuncture or other chinese medicines and were therefore not eligible for inclusion.				
4	--				

Characteristics of included reviews	Umbrella review
Review ID	**Harvie 2019**
5	--
6	--
7	--
8	--
9	--
10	--
11	--
12	--
Authors conclusions (key message)	This review draws attention to the potential role of TCM self-care techniques including acupressure, in settings outside of Asia, beyond the sole practices of tai chi and qigong, as an adjunct to health maintenance and recovery. Only tentative conclusions can be drawn from the existing research, however, due to variability across studies in reporting transparency and the overall low number of studies retrieved. Further research is warranted.

Characteristics of included reviews	Pregnancy and childbirth
Review ID	**Direkvand-Moghadam 2013**
Review Title	Factors Affecting the Labor: A Review Article
Review objective	The aim of this review is to describe pharmacological and non-pharmacological factors that have an effect on duration of the labor.
Author affiliations	3 authors are affiliated with a tertiary institution in Iran and one with a research center in Iran
Source of funds	None
Declared interests of the review authors	Not reported
Review method of analysis	Systematic review
Inclusion criteria	
Study design	Not reported
Population	Pregnanct or labouring women
Intervention	Acupressure
Comparator	Not reported
Other	Those that reported labor length, labor duration, active phase, active labor, and effective factors on labor duration, labor dystocia, labor augmentation, delivery, childbirth duration and reduction the cesarean sections
Exclusion criteria	
Study design	Not reported

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Direkvand-Moghadam 2013**				
Population	Not reported				
Intervention	Not reported				
Comparator	Not reported				
Other	Studies including preterm labor, premature labor and labor induction were excluded.				
Date of documented search (month/year)	1980 to 2013				
Databases searched	Medline				
	Embase				
Was an non-English database searched?	Not specified	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Not specified	Birth experience	Not reported	Labour duration	
2	Not specified	Quality of life	Not reported	Patient Assessment of Constipation (PAC)- Quality of Life (QoL)	
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--
6	--	--	--	--	--
7	--	--	--	--	--

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Direkvand-Moghadam 2013**				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not reported	--			
NRSI	Not reported	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Kashanian 2009	Not reported	Not reported	Not reported	Not described
2	Chang 2004	Not reported	Not reported	Not reported	Not described
3	Lee 2003	Not reported	Not reported	Not reported	Not described
4	Hamidzadeh 2012	Not reported	Not reported	Not reported	Not described
5	--				

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Direkvand-Moghadam 2013**				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
13	--				
14	--				

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Direkvand-Moghadam 2013**				
15	--				
16	--				
Authors conclusions (key message)	No adverse neonatal and materal outcomes were reported by using non-pharmacological methods, therefore, these methods (including acupressure) were recommended to reduce labour duration.				

Characteristics of included reviews	Pregnancy and childbirth
Review ID	Mollart 2015
Review Title	Impact of acupressure on onset of labour and labour duration: A systematic review
Review objective	A systematic review of RCTs and controlled trials specifically focused on comparing acupressure, rather than acupuncture, with placebo or no treatment for stimulating uterine contractions to initiate labour onset and shorten the duration of labour
Author affiliations	Three authors are affiliated with a tertiary institution in Australia and one author a community service in Australia
Source of funds	None
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Systematic review
Inclusion criteria	
Study design	RCTs and controlled trials
Population	Pregnant or labouring women
Intervention	Acupressure
Comparator	Placebo or no treatment
Other	--
Exclusion criteria	
Study design	Publications such as guidelines, case reports, and conference papers

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Mollart 2015**				
Population	Not reported				
Intervention	Articles reporting the use of plasters, devices or wristbands on the acupoints; acupressure on auricular (ear) points; and acupressure for pain in labour only				
Comparator	Not reported				
Other	Articles published in any language other than English				
Date of documented search (month/year)	Date of inception to December 2013				
Databases searched	Medline CINAHL Cochrane AMED	Science direct			
Was an non-English database searched?	Not specified	--			
Were studies in a language other than English included?	No	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Not specified	Birth experience	Not reported	Labour duration	--
2	Not specified	Pregnancy related pain	Not reported	Visual analoge score (VAS)	--
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--
6	--	--	--	--	--
7	--	--	--	--	--

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Mollart 2015**				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane	No study was at low risk of bias on all domains.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Chung 2003	RCT	P: singleton full term I: Acupressure during 1st stage of labour	hospital, China	N=127 (43/42/42) C: effleurage (massage) OR usual care O: 1st stage duration, pain
2	Lee 2004	RCT	P: singleton full term I: Acupressure during labour 30 mins	Not reported	N= 75 (36/39) C: sham (touch) O: 1st & 2nd stage duration, total duration, pain, anxiety
3	Ingram 2005	RCT	P: singleton full term not in labour I: Acupressure	Not reported	N= 142 (66/76) C: usual care O: onset, total duration, birth mode
4	Kashanian 2010	RCT	P: nulliparous, at term I: Acupressure during labour 30 mins	Not reported	N= 120 (60/60) C: sham (touch) O: 1st stage duration, pain, birth mode, oxytocin use
5	Hjelmstedt 2010	RCT	P: nulliparous, at term I: Acupressure during labour 30 mins	Not reported	N= 142 (71/71/70) C: Sham (touch) or usual care O: pain, birth mode, recall memory

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	Mollart 2015				
6	Hamidzadeh 2012	RCT	P: singleton full term I: Acupressure during labour 20 mins	Not reported	N=100 (50/50) C: Sham (touch) O: 1st & 2nd stage duration, pain, recall memory
7	El Hamid 2013	RCT	P: nulliparous, at term I: Acupressure during labour 30 mins	Not reported	N=100 (50/50) C: usual care O: 1st, 2nd, 3rd stage labour duration, pain, oxytocin use
8	--				
9	--				
10	--				
11	--				
12	--				
13	--				
14	--				

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Mollart 2015**				
15	--				
16	--				
Authors conclusions (key message)	Further research is required on whether acupressure can shorten labour duration, augment prolonged labour or initiate onset of labour by stimulating uterine contractions. Clinical trials should report the basis for acupressure treatment described in the STRICTA (minus needling) and CONSORT non-pharmaceutical guidelines.				

Characteristics of included reviews	Pregnancy and childbirth
Review ID	Makvandi 2016
Review Title	Meta-analysis of the effect of acupressure on duration of labor and mode of delivery
Review objective	To summarize and assess evidence regarding the effects of acupressure on duration of labor and mode of delivery
Author affiliations	Five authors are affiliated with tertiary instiutions in Iran
Source of funds	Not reported
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Meta-analysis Random effects model
Inclusion criteria	
Study design	RCTs
Population	Women with healthy full-term pregnancies in the first stage of labour
Intervention	Acupressure
Comparator	Placebo and control (no intervention)
Other	--
Exclusion criteria	
Study design	Not reported

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Makvandi 2016**				
Population	Not reported				
Intervention	Not reported				
Comparator	Not reported				
Other	--				
Date of documented search (month/year)	Date of inception to November2015				
Databases searched	Cochrane	Scopus			
	Medline	The Cochrane library			
	PubMed	Google Scholar			
	Scopus				
Was an non-English database searched?	Not specified	--			
Were studies in a language other than English included?	Not specified	--			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Primary	Birth experience	Not reported	Duration of labour, mode of delivery	
2	--	--	--	--	--
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--
6	--	--	--	--	--
7	--	--	--	--	--

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Makvandi 2016**				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane	None of the included studies were assessed to be at low risk of bias. For the meta-analysis, authors do not specify if studies with a hisk risk of bias were excluded.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Aghdam 2012	RCT	P: nulliparous, at term I: Acupressure (LI4) 20 mins	Iran	N= 100 (50/50) C: sham (non acupoints) O: delivery mode; labour duraiton
2	Akbarzadeh 2014	RCT	P: singleton at term I: Acupressure (BL32) during contractions	Iran	N=100 (50/50) C: Control (no intervention) O: delivery mode
3	Akbarzadeh 2015	RCT	P: nulliparous at term I: Acupressure (GB21) 2 groups (different timing)	Iran	N= 150 (50/50/50) C: placebo (sham) O: labour duration
4	Calik 2014	RCT	P: primigravida full term I: Acupressure during labour	Turkey	N=100 (50/50) C: usual care O: labour duration
5	Chung 2003	RCT	P: singleton full term I: Acupressure during 1st stage of labour	Taiwan	N=127 (43/42) C: usual care (conversation) O: 1st stage duration (shorter in acupressure group)

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	Makvandi 2016				
6	Dabiri 2014	RCT	P: singleton full term I: Acupressure (LI4) 30 mins during labour	Iran	N=149 (50/50/49) C: sham (touch) OR usual care O: 1st stage labour duration (no difference between groups)
7	El Hamid 2013	RCT	P: singleton at term I: Acupressure (SP6) 30 mins during contraction	Egypt	N= 100 (50/50) C: usual care O: delivery mode; labour duraiton
8	Hamidzadeh 2012	RCT	P: any I: Acupressure (LI4) 20 mins	Iran	N= 100 (50/50) C: Sham (touch) O: labour duration, delivery mode
9	Hjelmstedt 2010	RCT	P: nulliparous, at term I: Acupressure (SP6) 30 mins	India	N= 212 (71/71/70) C: sham (touch) or usual care O: delivery mode
10	Kashanian 2010	RCT	P: nulliparous, at term I: Acupressure (SP6) 30 mins	Iran	N= 120 (60/60) C: sham (touch) O: delivery mode, labour duration
11	Lee 2004	RCT	P: singleton full term I: Acupressure (SP6) 30 mins	Korea	N=75 (36/39) C: sham (touch) O: labour duration
12	Mefetoni 2015	RCT	P: healthy I: Acupressure (SP6) 20 mins	Brazil	N=156 (52/52/52) C: sham (touch) OR usual care O: delivery mode, labour duration (176.5 and 160.4 min less)
13	Salehian 2010	RCT	P: nulliparous, at term I: Acupressure (SP6) 20 mins	Iran	N=60 (30/30) C: sham (touch) O: labour duration
14	Salehian 2011	RCT	P: nulliparous, at term I: Acupressure 2 groups (SP6 & LI4), 20 mins	Iran	N=90 (30/30/30) C: usual care O: labour duration

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Makvandi 2016**				
15	Samadi 2010	RCT	P: singleton at term I: Acupressure (SP6) 30 mins	Iran	N=131 (41/41/49) C: sham (touch) ro usual care O: delivery mode
16	--				
Authors conclusions (key message)	Acupressure could have a role in reducing the rate of cesarean delivery and decreasing the duration of labor in parturient women				

Characteristics of included reviews	Pregnancy and childbirth
Review ID	**Smith 2017**
Review Title	Acupuncture or acupressure for pain management during labour (Review)
Review objective	To determine the effectiveness and safety of acupuncture and acupressure for third trimester cervicalripening or induction of labour.
Author affiliations	All authors are affiliated with tertiarty institutions in Australia
Source of funds	
Declared interests of the review authors	
Review method of analysis	Systematic review
Inclusion criteria	
Study design	RCTs or quasi-randomised RCTs
Population	Women due for third trimester labour induction
Intervention	Acupressure
Comparator	Sham and usual care
Other	Effects of acupressure on cervical ripening/labour induction
Exclusion criteria	
Study design	Not reported

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Smith 2017**				
Population	Not reported				
Intervention	Not reported				
Comparator	Not reported				
Other	No language or date restrictions				
Date of documented search (month/year)	Date of inception to November 2016				
Databases searched	Medline CENTRAL CINAHL	Conference proceedings Handsearched journals			
Was an non-English database searched?	Not specified	--			
Were studies in a language other than English included?	Yes	No restriction			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	
1	Not specified	Fetal health	Not reported	Apgar score	
2	Not specified	Birth experience	Not reported	Bishops score, time to induction of labour, oxytocin use, mode of delivery	
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--
6	--	--	--	--	--
7	--	--	--	--	--

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Smith 2017**				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane	Of the 4 acupressure studies, 2 were considered low risk of bias and 2 moderate risk of bias			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Gregson 2015	RCT	P: primigravida 41+GW I: Self-acupressure (SP6, LI4) 4x daily until labor begins	hospital, UK	N=130 C: Sham (non acupoints) O: time to induction of labour oxytocin use, mode of delivery, analgaesia use, duraiton lf labour, C-section rate, meconium, NICU, apgar, maternal satisfaction low risk of bias
2	Mollart 2016	RCT	P: primigravida 40+GW I: Self-acupressure every 2hr until labor begins	home or hospital, Australia	N=44 C: Usual care O: onset of labour, mode of birth, use of analgaesia, birthweight, Apgar, NICU admission low or unclear risk of bias
3	Torkzahrani 2015	RCT	P: primigravida at term I: Acupressure every 20 mins for 1-5 days 2 groups (self- or researcher performed)	hospital, Iran	N=150 C: usual care O: cervical ripening (bishop score); compliance High risk for reporting bias
4	Torkzahrani 2016	RCT	P: nulliparous, at term I: Acupressure 30 mins total		N=162 (54/55/53) C: sham or usual care O: spontaneous induction of labour, c-section, Apgar, time from initiation to birth High risk of reporting bias
5	--				

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	Smith 2017				
6	--				
7	--				
8	--				
9	--				
10	--				
11	--				
12	--				
13	--				
14	--				

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Smith 2017**				
15	--				
16	--				
Authors conclusions (key message)	Overall, there was no clear benefit from acupuncture or acupressure in reducing caesarean section rate. The quality of the evidence varied between low to high.				

Characteristics of included reviews	Pregnancy and childbirth
Review ID	**Najafi 2018**
Review Title	An Evaluation of Acupressure on the Sanyinjiao (SP6) and Hugo (LI4) Points on the Pain Severity and Length of Labor: A Systematic Review and Meta-analysis
Review objective	Examine the effects of SP6 and L14 acupressure on the length of labour
Author affiliations	Four authors are affiliated with tertiary institutions in Iran
Source of funds	None
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Systematic review Meta-analysis
Inclusion criteria	
Study design	None
Population	Women in active childbirth who were either in the first or second stage of labour
Intervention	Acupressure on SP6 and L14
Comparator	Not reported
Other	Effects of acupressure on pregnancy pain and the duration of labour
Exclusion criteria	
Study design	Not reported

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Najafi 2018**				
Population	Not reported				
Intervention	Acupressure on the L14 or SP6 points on only one hand or foot, respectively; acupressure with electrical stimuli; acupressure in combination with ice massage;				
Comparator	The lack of a touch or standard care group				
Other	--				
Date of documented search (month/year)	2004-2015				
Databases searched	PubMed	Irandoc	MagIran		
	Embase	SID	ISI		
	Google Scholar				
	Iran Medex				
Was an non-English database searched?	Yes	Iran			
Were studies in a language other than English included?	Yes	Farsi-language			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Not specified	Birth experience	Not reported	Duration of labour	--
2	Not specified	Pregnancy related pain	Not reported	McGill Pain Questionnaire (MPQ) and the Visual Analog Scale (VAS)	
3	--	--	--	--	--
4	--	--	--	--	--
5	--	--	--	--	--
6	--	--	--	--	--
7	--	--	--	--	--

Characteristics of included reviews	Pregnancy and childbirth				
Review ID	**Najafi 2018**				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not reported	No publication bias. Quality of the articles was not reported.			
NRSI		--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*
1	Kordi 2010	Not reported	P: Not reported I: acupressure (SP6)	Iran	N=102	--
2	Kashanian 2010	Not reported	P: Not reported I: acupressure (SP6)	Iran	N=120	--
3	Heidari 2008	Not reported	P: Not reported I: acupressure (SP6)	Iran	N=128	--
4	Lee 2004	Not reported	P: Not reported I: acupressure (SP6)	Korea	N=75	--
5	Hamid 2013	Not reported	P: Not reported I: acupressure (SP6)	Egypt	N-=100	--

Characteristics of included reviews	Pregnancy and childbirth					
Review ID	Najafi 2018					
6	Akbarzadeh 2013	Not reported	P: Not reported I: acupressure (SP6)	Iran	N=100	--
7	Salehian 2010	Not reported	P: Not reported I: acupressure (SP6)	Iran	N=60	--
8	Mafetoni 2015	Not reported	P: Not reported I: acupressure (SP6)	Brazil	N=156	--
9	Samadi 2010	Not reported	P: Not reported I: acupressure (SP6)	Iran	N=131	--
10	Heidari 2008	Not reported	P: Not reported I: acupressure (LI4)	Iran	N=128	--
11	Dabiri 2013	Not reported	P: Not reported I: acupressure (LI4)	Iran	N=149	--
12	Salehian 2011	Not reported	P: Not reported I: acupressure (LI4)	Iran	N=60	--
13	Salehian 2010	Not reported	P: Not reported I: acupressure (LI4)	Iran	N=60	--
14	Hamidzadeh 2012	Not reported	P: Not reported I: acupressure (LI4)	Iran	N=100	--

Characteristics of included reviews	Pregnancy and childbirth					
Review ID	**Najafi 2018**					
15	Hamidzadeh 2010	Not reported	P: Not reported I: acupressure (LI4)	Iran	N=100	--
16	Kordi 2010	Not reported	P: Not reported I: acupressure (LI4)	Iran	N=83	--
Authors conclusions (key message)	Meta-analyses showed a beneficial effect of acupressure (SP6 and L14 acupoints) on the length of labour compared with placebo					

Characteristics of included reviews	Postsurgical recovery		
Review ID	**Hewitt 2009**		
Review Title	The effectiveness of non-invasive complementary therapies in reducing postoperative nausea and vomiting following abdominal laparoscopic surgery in women: a systematic review		
Review objective	Determine from the available evidence the most effective non-invasive complementary therapies for reducing the incidence and/or severity of postoperative nausea and vomiting in women undergoing abdominal laparoscopies		
Author affiliations	2 authors were affiliated with a tertiary institution in Australia		
Source of funds	Not reported		
Declared interests of the review authors	Not reported		
Review method of analysis	Meta-analysis		
	Where it was possible to pool data in a meta-analysis from two or more comparable studies in each intervention group, odds ratios and relative risk with a 95% confidence interval were calculated for each included study.		
Inclusion criteria			
Study design	RCTs or quasi-randomised RCTs		
Population	The study focused on women 18 or more years of age undergoing abdominal surgery using laparoscopic procedures. No exclusions were made on the basis of the type of abdominal laparoscopic surgery being studied.		
Intervention	Investigating the effects of non-invasive complementary interventions on postoperative nausea, vomiting or a combination of nausea and vomiting		
Comparator	Non treatment group		
Other	Studies undertaken between 1981 and 2007		
Exclusion criteria			
Study design	None		
Population	Children		
Intervention	None		
Comparator	None		
Other	None		
Date of documented search (month/year)	1981 to 2007		
Databases searched	AMED	Science Direct	Databases of reports, theses and conference papers
	CINAHL	Evidence based practice information (e.g. Cochrane library etc.)	

Characteristics of included reviews	Postsurgical recovery				
Review ID	**Hewitt 2009**				
Databases searched	PubMed	Web sites of relevant professional organisations			
	Medline	Current contents			
Was an non-English database searched?	Not specified				
Were studies in a language other than English included?	Yes	Studies were limited to English, Spanish, Italian or German languages (translation resources only being available in those languages)			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	postoperative nausea or vomiting	Not specified	Incidence rate	--
2	Primary	postoperative nausea or vomiting	Not specified	Severity	--
3	Primary	Need for rescue antiemetics	Not specified	Not specified	--
4	Secondary	Cost of the intervention	Not specified	Not specified	--
5	Secondary	Adverse effects	Not specified	Not specified	--
6	Secondary	Satisfaction with treatment	Not specified	Not specified	--
7	Secondary	Admission for postoperative nausea or vomiting	(from day of surgery)	Not specified	--
8	Secondary	Length of stay	Not specified	Not specified	--
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Not specified	Overall the quality of the studies included in the systematic review was good with a mean of 9 criteria (total of 11) being met. The lowest number of criteria met was seven, shared by five studies. However only nine of the studies reported statistical power and sample size			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Postsurgical recovery				
Review ID	**Hewitt 2009**				
1	Boehler 2002	RCT	P: gynecological laparoscopic surgery I: Acupressure (K-K9) (2mm seed applied during surgery)	Hospital, Austria	N=80 (40/40) C: sham (non acupoints) O: Nausea, vomiting, rescue medication
2	Schlager 2001	RCT	P: gynecological laparoscopic surgery I: Acupressure (K-K9) (1.5mm seed applied during surgery)	Hospital, Austria	N=50 (25/25) C: sham (non acupoints) O: Nausea, vomiting, rescue medication
3	--				
4	--				
5	--				
6	--				
7	--				
Authors conclusions (key message)	There is sufficient evidence to suggest that several of the interventions assessed could play a role in a multimodal approach to minimise PONV following abdominal laparoscopic surgery, albeit requiring further research to confirm that promise. The two interventions of note are the use of the Korean Hand acupoints for prophylactic purposes, particularly acupressure applied to the acupoint K-K9, and the use of impregnated pads for the inhalation of 70% isopropyl alcohol to treat established nausea in females. There is also some evidence to suggest that acupressure or acustimulation at P6 may be effective in reducing nausea and vomiting in patients (females and males) having a laparoscopic cholecystectomy.				

Characteristics of included reviews	Postsurgical recovery
Review ID	**Lee 2015 (Cochrane)**
Review Title	Stimulation of the wrist acupuncture point PC6 for preventing postoperative nausea and vomiting (Review)
Review objective	To determine the effectiveness and safety of PC6 acupoint stimulation with or without antiemetic drug versus sham or antiemetic drug for the prevention of PONV in people undergoing surgery.
Author affiliations	2 authors affiliated with tertiary insitutions in Hong Kong
Source of funds	Partially funded by internal sources and a grant from the National Center for Complementary and Alternative Medicine (USA)
Declared interests of the review authors	No conflicts of interest were reported.
Review method of analysis	Systematic review
Inclusion criteria	
Study design	RCTs
Population	Surgical patients without age limitation
Intervention	Acupressure
Comparator	Sham or active intervention (e.g. antimetic drugs)
Other	--
Exclusion criteria	
Study design	Not reported
Population	Not reported
Intervention	Not reported
Comparator	Not reported
Other	Not reported
Date of documented search (month/year)	Date of inception to December 2014
Databases searched	Medline / CENTRAL Embase / ISI Web of Science

Characteristics of included reviews	Postsurgical recovery				
Review ID	**Lee 2015 (Cochrane)**				
~~Databases searched~~	ClinicalTrials.gov				
	WHO Clinical Trial Registry				
Was an non-English database searched?	Not specified	--			
Were studies in a language other than English included?	Yes	Chinese			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Postoperative complications	Not specified	Incidence (hours) of nausea and incidence (hours) of vomiting; need for antiemetic use	
2	--				
3	--				
4	--				
5	--				
6	--				
7	--				
8	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Cochrane	Acupressure pressure studies had a moderate risk of bias, according to the traffic light plot			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Postsurgical recovery				
Review ID	**Lee 2015 (Cochrane)**				
1	Agarwal 2002	RCT low or unclear risk of bias in all domains	P: laprascopic cholestectomy	I: Acupressure band (SP6)	N=150 C: sham O: Nausea, vomiting, rescue medication
2	Harmon 1999	RCT low or unclear risk of bias in all domains	P: laprascopy and dye investigation	I: Acupressure band (SP6)	N=104 C: Sham O: Nausea, vomiting, rescue medication
3	Iqbal 2012	RCT low or unclear risk of bias in all domains	'P: laprascopy	I: Acupressure band (SP6)	N=60 C: Sham O: Nausea, vomiting, rescue medication
4	Sadigha 2008	RCT high risk of bias in 3 domains (selection bias, reporting bias)	P: laprascopic cholestectomy	I: Acupressure band (SP6)	N=156 C: Sham O: Nausea, vomiting
5	Samad 2003	RCT low or unclear risk of bias in all domains	P: laprascopic cholestectomy	I: Acupressure band (SP6)	N=50 C: Sham O: Nausea, vomiting
6	White 2012	RCT low or unclear risk of bias in all domains	P: major laparoscopic surgery	I: Acupressure button (SP6)	N=100 C: Sham O: Nausea, vomiting
7	Studies in acustimulation (electro), acupunture not included here. Studies in surgeries other than minimally invasive (laproscopic) surgery not included here.				
Authors conclusions (key message)	There is low-quality evidence supporting the use of PC6 acupoint stimulation over sham.				

Characteristics of included reviews	Postsurgical recovery					
Review ID	**Waits 2018**					
Review Title	Acupressure effect on sleep quality: A systematic review and meta-analysis					
Review objective	The meta-analysis aimed to quantitatively assess the overall effects compared with sham acupressure and standard treatments (pharmacotherapy or behaviour modification).					
Author affiliations	Four authors were affiliated with tertiary institutions in Taiwan and one was affiliated with a hospital in Taiwan					
Source of funds	Not reported					
Declared interests of the review authors	No conflicts of interest were reported.					
Review method of analysis	Meta-analysis					
	Random effects model					
Inclusion criteria						
Study design	RCTs					
Population	Over 18 years					
Intervention	Acupressure using acupoint according to TCM nomenclature					
Comparator	Sham acupressure, routine treatment or standard treatment (pharmacotherapy or behavioural)					
Other	Studies published in English and Chinese					
Exclusion criteria						
Study design	Not reported					
Population	Not reported					
Intervention	Not reported					
Comparator	Not reported					
Other	Not reported					
Date of documented search (month/year)	July to December 2015					
Databases searched	PsycINFO	CINAHL	Airiti Library	Med Nar	Medical Library	
	PubMed	WHO Trials Portal		ProQuest	Wanfang Database	

Characteristics of included reviews	Postsurgical recovery				
Review ID	**Waits 2018**				
Databases searched	Medline	AMED	China Knowledge Resource Integrated Database		
	Embase	CENTRAL	Chongqing VIP Information	TCM Database@Taiwan	
Was an non-English database searched?	Yes				
Were studies in a language other than English included?	Yes	Chinese			
Outcomes included in SR (list)	*Primary?*	*Description*	*timing*	*measured with*	*Other notable features*
1	Primary	Sleep quality	Not reported	Pittsburgh Sleep Quality Index (PSQI)	--
2	--				
3	--				
4	--				
5	--				
6	--				
7	--				
8	--				
Risk of bias of the included studies as reported in the SR	*Tool used*	*Authors summary*			
RCTs	Modified Jaded Scale and Cochrane	Most studies had a high risk of bias due to absence of blinding of participants. The meta-analysis included studies with a Jaded score of >3.			
NRSI	--	--			
Characteristics of eligible studies included in the SR	*Study ID*	*Study design*	*Features*	*Setting*	*Other notable features*

Characteristics of included reviews	Postsurgical recovery				
Review ID	Waits 2018				
1	Liu 2012	RCT	P: endoscopic retrograde cholangiopancreatography I: Acupressure, [HT7, PC6, Taiyang, KI1], 3 min, 2xdaily, duration NR	China	N= 124 (62/62) C: sleep hygiene education O: PSQI
2	--				
3	--				
4	--				
5	--				
6	--				
7	--				
Authors conclusions (key message)	Acupressure has a potential to improve self perceived sleep quality in diverse types of patients, such as elderly and dialysis patients, by affecting the sleep latency and sleep duration without adverse effects.				