



## Standard and Guideline

## World Federation of Acupuncture-Moxibustion Societies (WFAS) Clinical Practice Guidelines on Acupuncture and Moxibustion: Female Urinary Incontinence recommendation summaries<sup>☆</sup>

### 世界针灸学会联合会《针灸临床实践指南:女性尿失禁》推荐意见概述

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## ABSTRACT

Urinary incontinence (UI) is common in women and affects the quality of life in female patients severely. But the clinical consideration and treatment are insufficient. Acupuncture and-moxibustion has been proposed as a potentially effective intervention for female UI. Hence, the World Federation of Acupuncture-moxibustion Societies (WFAS) have initiated a project to develop the clinical practice guideline (CPG) on acupuncture and moxibustion for female UI towards global acupuncture practitioners. The CPG was developed according to the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) methodology, referring to the principles of the *World Health Organization Handbook for Guideline Development*. During the development of the CPG, the guideline development group (GDG) played an important role, which is composed of multi-national and multi-disciplinary experts. The clinical questions, recommendations and therapeutic protocols were all formulated by GDG using the modified Delphi method and basing on the results of the latest systematic review. This article focuses on the recommendations in the CPG. The CPG contains ten recommendations for ten clinical questions, including nine conditional recommendations for the intervention, one conditional recommendations for either the intervention or the comparison. The CPG also provides one conventional filiform needle therapy protocol, two deep puncturing stimulation on lumbosacral acupoints therapy protocols, and four moxibustion therapy protocols, extracted from the included clinical evidence of this CPG.

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## 1. Introduction

International Continence Society (ICS) defines urinary incontinence (UI) as involuntary loss of urine [1]. European Association of Urology (EAU) classifies UI into stress urinary incontinence (SUI), mixed urinary incontinence (MUI), and urge urinary incontinence (UUI) [2]. SUI refers to involuntary leakage of urine due to increased intraabdominal pressure (coughing, laughing, sneez-

**Table 1**  
Recommendations of WFAS Clinical Practice Guidelines on Acupuncture and Moxibustion: Female Urinary Incontinence.

No.	Recommendations	Strength	Certainty of evidence
1	For female UI, conventional filiform needle therapy may be recommended rather than no treatment or sham acupuncture.	Conditional recommendation for intervention	Low
2	For female patients with UI, conventional filiform needle therapy may be recommended rather than pelvic floor muscle training (PFMT) or oral medication.	Conditional recommendation for intervention	Very low
3	For female patients with moderate-severe UI, PFMT or oral medication combined with conventional filiform needle therapy may be recommended.	Conditional recommendation for intervention	Low
4	For female patients with UI, DPSLAT may be recommended rather than no treatment or sham acupuncture.	Conditional recommendation for intervention	Medium
5	For female UI patients, DPSLAT may be recommended rather than PFMT or oral medication.	Conditional recommendation for intervention	Low
6	For moderate-severe female UI, PFMT or oral medication combined with DPSLAT may be recommended.	Conditional recommendation for intervention	Very low
7	For female patients with UI, moxibustion therapy may be recommended rather than no treatment.	Conditional recommendation for intervention	Very low
8	For female UI patients, moxibustion therapy, PFMT or oral medication may be recommended.	Conditional recommendation towards intervention or comparison	Very low
9	For moderate-severe female UI, PFMT or oral medication combined with moxibustion therapy may be recommended.	Conditional recommendation for either the intervention or the comparison	Very low
10	For female UI patients, the combination of filiform needle and moxibustion therapies may be recommended.	Conditional recommendation for intervention	Very low

Notes:

DPSLAT: deep puncturing stimulation on lumbosacral acupoints therapy; PFMT: pelvic floor muscle training; UI: urinary incontinence.

ing and exercising). In UUI, there is involuntary leakage of urine after an intense and sudden urge to urinate. MUI refers to concomitant SUI and UUI, accompanied by dysfunction of bladder sphincter [3].

In recent years, acupuncture and moxibustion has been proposed as a potentially effective intervention for female UI [4-6]. Hence, the World Federation of Acupuncture-moxibustion Societies (WFAS) have initiated a project to develop CPG on acupuncture and moxibustion for female UI towards global target users. This guideline provides recommendations of acupuncture and moxibustion for female UI to meet international demand of clinicians and patients based on current clinical evidence. The international applicability, and patients values and wishes are also taken into account. This guideline intends to improve the effectiveness, safety and standardization of acupuncture and moxibustion treatment for female UI and promote international application of acupuncture and moxibustion for female UI in clinical practice.

The complete edition of World Federation of Acupuncture-Moxibustion Societies *clinical practice guideline on acupuncture-moxibustion: female urinary incontinence* was published as a book in 2024 by Standard Press of China and was advocated by WFAS (WFAS 007.6-2023). While, this article introduces the recommendation summaries and related issues by following the requirements of a journal article.

## 2. Methods

The guideline was developed according to the Grades of Recommendation Assessment, Development and Evaluation (GRADE) methodology [7]. We have formulated the key clinical questions and outcomes [8], conducted the systematic reviews and GRADE assessments [9]. The recommendations were formulated by the guideline development group (GDG) members through the modified Delphi consensus, following the GRADE Grid rules [10], after they comprehensively assessed the current clinical evidence.

The recommended therapeutic protocols were generated by the modified Delphi consensus after GDG members evaluated the effective protocol in the body of evidence. Firstly, the working group retrieved the therapeutic protocols from the randomized clinical

trials (RCTs) with positive results from the systematic reviews. The population characteristics and intervention details of each included study were extracted to form specific acupuncture programs, and then summarized into multiple filiform needle and moxibustion therapeutic protocols. The first round of modified Delphi survey was conducted among the acupuncture experts of GDG, and the importance score and coefficient of variation of different treatment plans were counted. An expert consensus meeting on acupuncture and moxibustion in GDG was held, at which each recommended protocol was fully discussed, and the second round of modified Delphi survey was conducted. Based on the findings, the recommended therapeutic protocols were determined. The recommendations were summarized in Table 1.

The GRADE grid consensus rule is as follows:

- ① The recommendation or disapproval of an intervention (as compared to a specific control) required approval by at least 50% of participants, with less than 20% choosing the control. Failure to meet this criterion results in a “conditionally recommended intervention or control”.
- ② A recommendation must be strongly recommended by at least 70% of the participants if it is listed as strong rather than conditional.

## 3. Recommendations

3.1. Compared with no treatment or sham acupuncture, can female UI patients benefit from conventional filiform needle therapy?

### 3.1.1. Recommendation

For female UI, conventional filiform needle therapy may be recommended rather than no treatment or sham acupuncture.

### 3.1.2. Remarks

The recommendation is made based on low-quality of evidence. Two RCTs addressed this clinical question [11,12]. The therapeutic protocol is shown in 3.1.4. Conventional filiform needle therapy applies to all types and degrees of adult female UI patients. Conventional filiform needle therapy may be recommended: (1) female UI patients whose life quality is affected seriously by UI; (2) female

UI patients who are not conflict with conventional filiform needle treatment.

### 3.1.3. Research priorities

Carry out high-quality RCT between conventional filiform needling therapy and no treatment/sham acupuncture for female UI (especially SUI). Evaluate the effectiveness and safety of conventional filiform needling therapy for special female UI populations (especially SUI). Evaluate the effectiveness and safety of conventional filiform needling therapy for special female UI populations (old female UI, minor female UI, etc.). Evaluate the economic burden of disease and the health economics of conventional filiform needling therapy in treating female UI. Optimize the therapeutic protocol of conventional filiform needling therapy in treating female UI and compare the effectiveness, safety, cost-effectiveness and patient preference of different therapeutic protocols.

### 3.1.4. Recommended treatment protocol

#### (1) Acupoints selection

Abdomen: Zhongji (CV3), Guanyuan (CV4), Qihai (CV6), Dahe (KI12).

Lumbosacral region: Shenshu (BL23), Pangguangshu (BL28), Mingmen (GV4).

Lower limbs: Sanyinjiao (SP6), Taixi (KI3), Weizhong (BL40), Fuli (KI7).

According to the patient's condition, the above acupoints are selected as appropriate for a patient. It is suggested that the abdominal acupoints should be combined with the lower limbs acupoints, the lumbosacral acupoints be combined with the lower limbs acupoints, or the abdominal and lumbosacral acupoints be combined with the lower limbs acupoints.

#### (2) Acupuncture method

Needling method: Acupuncture with filiform needle is delivered at abdomen points (CV4, CV3, CV6 and KI12, punctured obliquely 30 mm to 40 mm in depth toward the pubic symphysis; for the acupoints at lumbosacral region, the needle are punctured straightly 20 mm to 30 mm in depth; conventional acupuncture depth is adopted at the remaining points. For the acupoints at abdomen, it is better to spread the needling sensation to the perineum and urethra. The other points may have needling sensation as sour, numbness, distending, and heaviness.

Reinforcing and reducing manipulation: Implementing the reinforcing and reducing manipulation based on the principles of "reducing method is used to treat excess syndrome, while reinforcing method to treat deficiency syndrome."

#### (3) Retention time of the needles

It is determined as 20 min to 30 min. The retention time is determined according to the patient's condition and acceptability as appropriate.

#### (4) Frequency of treatment

The frequency of treatment is selected depending on the patient's condition, preference and acceptability, and feasibility of the acupuncture resource. A minimum of one session per week is acceptable, and the frequency of 2 or 3 times per week is recommended.

#### (5) Course of treatment

The course of treatment is selected depending on patient's condition, preference and acceptability, and feasibility of the acupuncture resource. At least 4 weeks for one treatment course, and 2 or 3 courses are recommended.

#### (6) Other considerations

According to the patients' TCM syndrome differentiation and classification, the appropriate points should be added.

### 3.2. Compared with PFMT or medication treatment, can female UI patients benefit equally or more from conventional filiform needle therapy?

#### 3.2.1. Recommendation

For female patients with UI, conventional filiform needle therapy may be recommended rather than PFMT or oral medication.

#### 3.2.2. Remarks

The recommendation is made based on very low-quality evidence. Five RCTs addressed this clinical question [11,13-16]. The specific therapeutic protocols are shown in the recommendations for the first clinical question (see 3.1.4).

Conventional filiform needle therapy may be recommended: (1) female UI patients who are not conflict with conventional filiform needle therapy; (2) especially suitable for female UI patients with poor effect of PFMT; (3) especially suitable for female UI patients with poor effect of oral medication; (4) female UI patients who are concerned about side effects of medication.

#### 3.2.3. Research priorities

Carry out high-quality RCT of conventional filiform needling therapy and modern medical therapy in the treatment of female UI, explore the effectiveness and non-inferiority, and evaluate the economic burden of disease and the health economics.

### 3.3. On the basis of PFMT or medication treatment, can the combination with conventional filiform needle therapy increase the benefit for moderate-severe female UI patients?

#### 3.3.1. Recommendation

For female patients with moderate-severe UI, PFMT or oral medication combined with conventional filiform needle therapy may be recommended.

#### 3.3.2. Remarks

The recommendation is made based on low-quality evidence. Five RCTs addressed this clinical question [17-20]. The specific therapeutic protocols are shown in the recommendations for the first clinical question (see 3.1.4).

PFMT or oral medication combined with conventional filiform needle therapy may be recommended: (1) moderate-severe female UI patients who do not decline to conventional filiform needle therapy; (2) especially suitable for moderate-severe female UI patients with poor effect of PFMT; (3) especially suitable for moderate-severe female UI patients with poor effect of oral medication.

For female UI patients whose condition is assessed by urologists and requires surgery, acupuncture should be used with caution, in accordance with the treatment recommendations of specialists.

#### 3.3.3. Research priorities

Evaluate the effectiveness and safety of PFMT or oral conventional medication combined with conventional filiform needling therapy in the treatment of moderate to severe female UI (especially UUI and MUI). Evaluate the health economics and the economic burden of disease, of PFMT or oral conventional medication combined with conventional filiform needling therapy in the treatment of moderate to severe female UI.

### 3.4. Compared with no treatment or sham acupuncture, can female UI patients benefit from the DPSLAT?

#### 3.4.1. Recommendation

For female patients with UI, DPSLAT may be recommended rather than no treatment or sham acupuncture.

#### 3.4.2. Remarks

The recommendation is made based on moderate-quality evidence. Six RCTs addressed this clinical question [21–26]. The specific therapeutic protocols are shown in 3.4.4.

DPSLAT may be used to different types and different degrees of adult female UI patients. DPSLAT may be recommended: (1) female UI patients who do not decline the treatment of DPSLAT; (2) female UI patients whose daily life is impacted by symptoms of UI.

#### 3.4.3. Research priorities

Carry out high-quality RCT between DPSLAT and no treatment/sham acupuncture for female UUI. Evaluate the effectiveness and safety of DPSLAT. Evaluate the effectiveness and safety of DPSLAT for special female UI populations (old female UI, minor female UI, etc.). Evaluate the economic burden of disease and the health economics of DPSLAT in treating female UI. Optimize the therapeutic protocol of DPSLAT in treating female UI and compare the effectiveness, safety, cost-effectiveness and patient preference of different therapeutic protocols.

#### 3.4.4. Recommended treatment protocols

##### 3.4.4.1. DPSLAT protocol I.

##### (1) Acupoints selection

Zhongliao (BL33) and Huiyang (BL35).

##### (2) Acupuncture method

Body position: The patient is in a prone position, and exposed the lumbosacral region adequately.

Needles: 0.3 mm × 75 mm disposable acupuncture needles.

Needling method: Filiform needle inserts at BL33 at an inward and downward angle of 30° to 45°, with 50 mm to 60 mm depth. Filiform needle inserts at BL35 with a slightly superolateral direction, with 50 mm to 60 mm depth. Needling manipulation of lifting, inserting and turning is needed to obtain a *deqi* sensation such as sour, numbness, distending, and heaviness. EA electrodes are transversely linked to the needle handles of the BL33 and BL35 on both sides, with continuous waves, frequency of 50 Hz, current 1 to 5 mA.

Needle retention time: 30 min.

##### (3) Frequency of treatment

Three times per week.

##### (4) Course of treatment

For mild SUI and MUI: 6 to 8 weeks; for moderate-severe SUI and MUI: 8 to 12 weeks.

##### (5) Other considerations for patients

This protocol is applicable to adult female patients with MUI and SUI. This recommended protocol may also be considered for the treatment of adult female patients with UUI.

This protocol may cause strong needle sensation. Patients should be fully explained before clinical practice, and patients who are unable to tolerate strong needle sensation should be cautious.

##### (6) Other considerations for operation

Acupuncture practitioners should receive relevant training of this treatment and be familiar with the relevant anatomical structure of the lumbosacral region, before clinical application of this guideline due to the operational difficulty in this protocol.

Needle the lumbosacral region: Disposable acupuncture needles with specifications of 0.25 mm to 0.3 mm in diameter and 60 mm to 75 mm in length, according to the female UI patients' the body shape and tolerance, etc.

Precautions of acupuncture angles: The acupuncture angle can be adjusted according to specific anatomical conditions of female UI patients in different population and races in order to make sure that the needle inserts into the posterior sacral foramen.

Application of electroacupuncture: Choose EA and its parameters according to conditions and acceptance of patients.

Precautions of treatment frequency: There are differences in the frequency of acupuncture treatment internationally. This treatment frequency is recommended as at least once a week, and a frequency of 2 to 3 times a week are recommended, according to patient's condition and acceptability as appropriate.

Precautions of course of treatment: There are differences in the course of acupuncture treatment internationally. This treatment plan needs a minimum of 6 weeks, and 6 to 12 weeks are recommended, depending on the patient's condition, and acceptability as appropriate.

##### 3.4.4.2. DPSLAT protocol II.

##### (1) Acupoints selection

Zhibian (BL54).

##### (2) Acupuncture method

Body position: The patient is asked in a prone position, and exposed the lumbosacral region adequately.

Needles: 0.25 mm × 125 mm disposable acupuncture needles.

Needling method: The needle inserts into BL54 and penetrate 110 mm down deeply toward Shuidao (ST28) point. In the process of inserting, the needle body should keep an angle of 20° to the sagittal plane of the patient's trunk and at the same time parallel to the horizontal plane of the patient's trunk. Needling sensation (swelling, heating, and relaxing) should reach the lower abdomen, anterior genital and perineum.

Needle retention time: 30 min.

##### (3) Frequency of treatment

The frequency of treatment is selected depending on the patient's condition, preference and acceptability, and feasibility of the acupuncture resource. At least once a week, and the frequency of 2 to 3 times per week is recommended.

##### (4) Course of treatment

The course of treatment is selected depending on patient's condition, preference and acceptability, and feasibility of the acupuncture resource. At least 2 weeks, and 2 to 4 weeks are recommended.

##### (5) Other considerations for patients

This protocol is applicable to adult female patients with SUI. As to adult female patients with MUI or UUI, this recommended protocol may also be considered.

This protocol may cause strong needle sensation. Acupuncture practitioners should fully explain to patients before clinical practice, and be cautious to patients who are unable to tolerate strong needle sensation.

### (6) Other considerations for operation

Acupuncture practitioners should receive relevant training of this treatment and be familiar with the relevant anatomical structure of the lumbosacral region before clinical application of this guideline due to the operational difficulty in this protocol.

Precautions of acupuncture depth: The acupuncture depth can be adjusted according to specific physiological structure of female UI patients in different population and races. Needling sensation should reach the lower abdomen, anterior genital, and perineum.

### 3.5. Compared with PFMT or medication treatment, can female UI patients benefit equally or more from the DPSLAT?

#### 3.5.1. Recommendation

For female UI patients, DPSLAT may be recommended rather than PFMT or oral medication.

#### 3.5.2. Remarks

The recommendation is made based on low-quality evidence. Nine RCTs addressed this clinical question [27-35]. The specific therapeutic protocols are shown in 3.4.4.

DPSLAT may be recommended: (1) female UI patients who do not decline the treatment of DPSLAT; (2) especially suitable for female UI patients with poor effect of PFMT; (3) especially suitable for female UI patients with poor effect of oral medication; (4) female UI patients who are concerned about drug side effects.

#### 3.5.3. Research priorities

Carry out high-quality RCT of DPSLAT and modern medical therapy in the treatment of female UI, to explore the effectiveness and non-inferiority, and evaluate the economic burden of disease and the health economics.

### 3.6. On the basis of PFMT or medication treatment, can the combination with the DPSLAT increase the benefit for moderate-severe female UI patients?

#### 3.6.1. Recommendation

For moderate-severe female UI, PFMT or oral medication combined with DPSLAT may be recommended.

#### 3.6.2. Remarks

The recommendation is made based on very low-quality evidence. Three RCTs addressed this clinical question [36-38]. The specific therapeutic protocols are shown in 3.4.4.

PFMT or oral medication combined with DPSLAT may be recommended: (1) moderate-severe female UI patients who do not decline to DPSLAT; (2) especially suitable for moderate-severe female UI patients with poor effect of PFMT; (3) especially suitable for moderate-severe female UI patients with poor effect of oral medication.

For female UI patients whose condition is assessed by urologists and requires surgery, acupuncture should be used with caution, in accordance with the treatment recommendations of specialists.

#### 3.6.3. Research priorities

Evaluate the effectiveness, safety, health economics and economic burden of disease, of PFMT or oral conventional medication combined with DPSLAT in the treatment of moderate to severe female UI (especially UUI and MUI) .

### 3.7. Compared with no treatment, can female UI patients benefit from moxibustion therapy?

#### 3.7.1. Recommendation

For female patients with UI, moxibustion therapy may be recommended rather than no treatment.

#### 3.7.2. Remarks

The recommendation is made based on very low-quality evidence. Four series of case studies [39–42] of moxibustion for female UI and nine RCTs [43–51] of moxibustion for post-stroke UI were included as supplementary evidence for this clinical question. The specific therapeutic protocols are shown in 3.7.4.

Moxibustion therapy is suitable for different types and degrees of adult female UI patients. Moxibustion therapy may be recommended to female UI patients: (1) who not refuse moxibustion treatment; (2) whose quality of life is impacted by symptoms of UI; (3) who is elderly or with postpartum UI; (4) who diagnosed as “deficiency syndrome” by traditional Chinese medicine (TCM) syndrome differentiation.

#### 3.7.3. Research priorities

Carry out high-quality RCT between moxibustion therapy and no treatment for female UI . Evaluate the effectiveness and safety of moxibustion therapy; evaluate the economic burden of disease and the health economics of moxibustion therapy in treating female UI; evaluate the effectiveness and safety of moxibustion therapy for special female UI populations (old female UI, minor female UI, etc.).

#### 3.7.4. Recommended treatment protocols

##### 3.7.4.1. Moxibustion protocol I: suspended moxibustion.

- (1) Acupoints selection: CV4, CV6, BL23, and Ciliao (BL32) are selected acupoints according to the patient's condition.
- (2) Moxibustion method: One end of the moxa stick is lit, targeted at the acupoint or area that should be stimulated, and fumigated at a place 2 cm to 3 cm away from the skin. It is composed of mild moxibustion, sparrow-pecking moxibustion and circular moxibustion. Suspension moxibustion method is used to make the location area warm, avoiding burning pain. The duration of moxibustion is determined by patient's condition and the ability to tolerance to heat.

In clinical treatment, moxibustion can be combined with moxa burners when it is necessary. Moxibustion delivered at the points in the abdomen and lumbosacral area simultaneously may shorten the treatment time and save human resources.

##### 3.7.4.2. Moxibustion protocol II: warming needling moxibustion.

- (1) Acupoints selection: CV3, CV6, CV4, BL23, Ciliao (BL32), and Zusanli (ST36), are selected acupoints according to the patient's condition.
- (2) Moxibustion method: Filiform needle is punctured into the acupoint, and appropriate reinforcement and reduction techniques are given after *deqi*. When the needle is retained, the pure and soft moxa is pinched on the end of the needle, or the moxa stick (cut with a length of about 2cm) is inserted on the needle handle, and moxibustion is ignited. Remove the ash after burning moxa wool or moxa strip, and pull out the needle. The duration of warming needle moxibustion is determined according to the patient's condition and tolerance as appropriate.

##### 3.7.4.3. Moxibustion protocol III: indirect moxibustion.

- (1) Acupoints selection: CV3, CV4, CV6, Shenque (CV8), BL23, BL28, and Guanyuanshu (BL26) are selected acupoints according to the patient's condition.
- (2) Intermediate drugs  
Ginger slices: Prepared 2 to 3 cm diameter, 0.2 to 0.3 cm thick slices of ginger, with several holes poked in the middle.

Herbal cake: Prepared with one or more kinds of Chinese herbs (e.g., *Radix Aconiti Lateralis Praeparata* [Fuzi], *Cortex Cinnamomi* [Rougui], *Ramulus Cinnamomi* [Guizhi]) with property of warming yang, which were grinded into fine powder, and mixed with ginger juice.

- (3) Moxibustion method: The related material is isolated between moxa cone and skin, and moxibustion is applied on the material. The duration of indirect moxibustion is determined according to the patient's condition and tolerance as appropriate.

#### 3.7.4.4. Moxibustion protocol IV: heat-sensitive moxibustion.

- (1) Acupoints selection: Look for heat-sensitive points around the CV6, CV3, CV4, BL23, BL28, BL32, SP6, and Baihui (GV20).
- (2) Moxibustion method: Before applying moxibustion, find the heat sensitive point, select special moxibustion stick to apply moxibustion to the heat sensitive point, until the heat sensitive phenomenon disappears. The sense of heating and heat transfer occurring at the heat sensitive point can stimulate the transmission through *qi* sensation and make the *qi* reach the affected area. The duration of heat-sensitive moxibustion is determined according to the patient's condition and tolerance as appropriate.

3.7.4.5. *Frequency of treatment.* The frequency of treatment is selected depending on the patient's condition, preference and acceptability, and feasibility of the acupuncture resource. The patients should receive treatment at least once a week, and the frequency of 2 or 3 times per week is recommended.

3.7.4.6. *Course of treatment.* The course of treatment is selected depending on patient's condition, preference and acceptability, and feasibility of the acupuncture resource. The treatment should last at least 4 weeks, and 4 to 8 weeks are recommended.

3.7.4.7. *Other considerations of moxibustion treatment.* Moxibustion therapy is prohibited for those who are allergic to moxibustion materials. Moxibustion therapy should not be used for those who unable to tolerate the smoke produced during the application of moxibustion.

There are some operational requirements for warming needle treatment, indirect moxibustion, and heat-sensitive moxibustion, and the practitioners should receive relevant training.

### 3.8. Compared with PFMT or medication treatment, can female UI patients benefit equally or more from moxibustion therapy?

#### 3.8.1. Recommendation

For female UI patients, moxibustion therapy, PFMT or oral medication may be recommended.

#### 3.8.2. Remarks

There is one RCT [52] of moxibustion treatment versus PFMT control, involving three outcomes. The specific therapeutic protocols are shown in 3.7.4.

Moxibustion therapy may be recommended to female UI patients: (1) who wish to receive moxibustion treatment; (2) with postpartum UI or is elderly; (3) who diagnosed as "deficiency syndrome" by TCM syndrome differentiation.

PMFT may be recommended, when female UI patients who are recommended to accept PMFT first after assessment of their condition by an urologist.

Oral medication may be recommended, when female UI patients who are recommended to accept oral medication first after assessment of their condition by an urologist.

#### 3.8.3. Research priorities

Carry out high-quality RCT of moxibustion therapy and modern medical therapy in the treatment of female UI, explore the effectiveness and non-inferiority, and evaluate the economic burden of disease and the health economics.

3.9. *On the basis of PFMT or medication treatment, can the combination with moxibustion therapy increase the benefit for moderate-severe female UI patients?*

#### 3.9.1. Recommendation

For moderate-severe female UI, PFMT or oral medication combined with moxibustion therapy may be recommended.

#### 3.9.2. Remarks

Eighteen RCTs [53–70] addressed this clinical question. The specific therapeutic protocols are shown in 3.7.4.

PFMT or oral medication combined with moxibustion therapy may be recommended to moderate-severe female UI patients: (1) who not decline to moxibustion therapy; (2) with poor effect of PFMT; (3) with poor effect of oral medication.

For female UI patients whose condition is assessed by urologists and requires surgery, acupuncture should be used with caution, in accordance with the treatment recommendations of specialists.

#### 3.9.3. Research priorities

Evaluate the effectiveness, safety, health economics and economic burden of disease, of PFMT or oral conventional medication combined with moxibustion therapy in the treatment of moderate to severe female UI (especially UUI and MUI) .

3.10. *Compared with filiform needle therapy or moxibustion therapy alone, does the combination of filiform needle and moxibustion therapy increase the benefit for female UI patients?*

#### 3.10.1. Recommendation

For female UI patients, the combination of filiform needle and moxibustion therapies may be recommended.

#### 3.10.2. Remarks

The recommendation is made based on very low-quality evidence. Six RCTs addressed this clinical question and include seven outcomes [71–76]. The specific therapeutic protocols are shown in 3.1.4, 3.4.4, 3.7.4.

For female UI patients with poor effect of filiform needling therapy alone or simple moxibustion, the filiform needle combined with moxibustion therapy may be recommended.

#### 3.10.3. Research priorities

Carry out high-quality RCT of acupuncture treatment combined with moxibustion therapy and modern medical therapy control in the treatment of female UI. Explore the effectiveness and non-inferiority research. Evaluate the economic burden of disease, the health economics and patients' preference.

## 4. Conclusions

To our knowledge, this is the first evidence-based CPGs for acupuncture and moxibustion on female UI for global users. The guideline has been published by WFAS and will be implemented by global users. The recommendations were developed according to GRADE methodology, solving the clinical questions that attracted most interest from the target users. All the recommendations and remarks were provided by the GDG via the modified Delphi consensus method, based on the summary of current clinical evidence.

There are several limitations. According to the clinical questions survey of target users, the clinical questions and recommendations of this guideline mainly focus on the interventions (filiform needle acupuncture and moxibustion) that elicited the most interest. Other types of acupuncture therapies for female UI (acupoint application, auricular point stimulation, etc.) are not involved in this edition.

In the future, this CPG will be updated according to the accumulation of clinical evidence and the new demands from target users. This will promote the spread and standardization of acupuncture and moxibustion.

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### CRediT authorship contribution statement

**Shi-hao DU:** Conceptualization, Methodology, Data curation, Formal analysis, Visualization, Software, Validation, Writing – original draft, Writing – review & editing. **Shuo DU:** Formal analysis, Visualization, Methodology, Data curation. **Sheng CHEN:** Conceptualization, Methodology, Funding acquisition. **Shan-ze WANG:** Data curation, Formal analysis, Software. **Guan-qun WANG:** Data curation, Formal analysis, Software, Writing – review & editing. **Xiao-long XIE:** Data curation, Formal analysis, Software. **Bi-hui PENG:** Data curation, Formal analysis, Software. **Wei GUO:** Data curation, Formal analysis, Software. **Ji-ping ZHAO:** Conceptualization, Methodology, Validation, Writing – review & editing, Funding acquisition, Supervision. **Chao YANG:** Conceptualization, Methodology, Visualization, Validation, Writing – original draft, Writing – review & editing, Supervision.

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The study sponsor the Ministry of Science and Technology of the People's Republic of China had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

### Declaration of competing interest

The authors declare that there is no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Data sharing statement

You can contact the corresponding author for the data.

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