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menopause syndrome: effectiveness of acupuncture

Troubles de la ménopause : évaluation de l'acupuncture

Article connexe : - Bouffées de chaleur chez le patient cancéreux -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. He 2021

He QD, Zhong ZH, Liu MN, Tong ZY, Wu QB, Chen M. Efficacy and Safety of Acupuncture Vs. Hormone Therapy for Menopausal Syndrome: A Systematic Review and Meta-Analysis. Am J Chin Med. 2021;49(8):1793-1812. doi

Objective	Menopausal syndrome (MPS) is a common gynecological disorder around the time of menopause, and hormone therapy (HT) is the first-line treatment for it. However, HT is prone to cause adverse reactions in MPS patients treated with HT. Acupuncture is a popular non-pharmaceutical therapy for MPS, but the differences in the efficacy and safety between acupuncture and HT remain unclear. The purpose of this evidence-based study is to address this issue.
Methods	Five databases were searched for potentially eligible RCTs. All RCTs comparing acupuncture with HT in the treatment of MPS were included in this study. The clinical effective rate was the primary outcome. Kupperman index, serum follicle-stimulating hormone (FSH), luteinizing hormone (LH), estradiol (E[Formula: see text], and side effects were the secondary outcomes. A total of **15 RCTs recruiting 1376 MPS patients** were included.
Results	Results of meta-analysis showed that compared with HT, acupuncture significantly improved clinical effective rate (RR = 1.09, 95% CI 1.03 to 1.16, [Formula: see text] = 0.005), decreased the Kupperman index (WMD = -2.55, 95% CI = -2.93 to -2.17, [Formula: see text] < 0.00001) and the incidence of side effects (RR = 0.14, 95% CI = 0.06-0.32, [Formula: see text] < 0.00001). There were no statistically significant differences in serum FSH (WMD = -1.36, 95% CI = -3.25-0.53, [Formula: see text] = 0.16), E2(WMD = -1.11, 95% CI = -2.59-0.37, [Formula: see text] = 0.14), or LH (WMD = -1.87, 95% CI = -4.58-0.83, [Formula: see text] = 0.17) between the acupuncture and HT groups.
Conclusions	Based on the current evidence, manual acupuncture is safer and more effective than HT and is recommended for the treatment of MPS, but the evidence for the efficacy of other types of acupuncture is inconclusive.

1.1.2. Li 2021

Li T, Zhang Y, Cheng Q, Hou M, Zheng X, Zheng Q, Li L. Quantitative study on the efficacy of acupuncture in the treatment of menopausal hot flashes and its comparison with nonhormonal drugs. Menopause. 2021;28(5):564-572. https://doi.org/10.1097/GME.0000000000001767

Objective	This study aimed to compare the efficacy of acupuncture to that of sham acupuncture, placebo pills, and nonhormonal drugs to provide the necessary quantitative information for establishing medication guidelines for menopausal hot flashes.
Methods	A comprehensive literature search was performed using public databases. Randomized clinical studies on acupuncture therapy for the treatment of hot flashes in menopausal women were identified. A time-course model was established to describe the efficacy characteristics of acupuncture and sham acupuncture, which were compared with the efficacy of nonhormonal drugs and placebo pills reported in the literature.
Results	A total of **17 studies involving 1,123 participants** were included. The quality of all the studies included in the analysis is medium to high, and there was no obvious risk of bias. It was found that the baseline number of hot flashes was an important factor affecting the efficacy of acupuncture and sham acupuncture. After correcting the baseline to eight hot flashes per day, the frequency of hot flashes decreased from baseline for traditional acupuncture (TA), electro-acupuncture (EA), TA&EA (merger analysis of TA and electro-acupuncture), and sham acupuncture were 3.1 (95% confidence interval [CI]: 2.8-3.4), 3.6 (95% CI: 3.2-4.0), 3.2 (95% CI: 2.9-3.5), and 2.6 (95% CI: 2.2-3.0) times/d at week 8, respectively. Compared with findings reported in the literature, we found the efficacy of electro-acupuncture was comparable to that of selective serotonin reuptake inhibitors/serotonin-norepinephrine reuptake inhibitors and neuroleptic agents such as gabapentin and escitalopram. Furthermore, the efficacy of TA&EA (merged) was significantly higher than that of placebo pills (2.3, 95% CI: 1.8-2.9).
Conclusions	The efficacy of TA&EA (merged) was higher than that of sham acupuncture and significantly higher than that of placebo pills. The efficacy of electro-acupuncture was higher than that of traditional acupuncture, significantly higher than that of sham acupuncture, and comparable to that of selective serotonin reuptake inhibitors/serotonin-norepinephrine reuptake inhibitors and neuroleptic agents.

1.1.3. Kim 2020 (vs sham)

Kim TH, Lee MS, Alraek T, Birch S. Acupuncture in sham device controlled trials may not be as effective as acupuncture in the real world: a preliminary network meta-analysis of studies of acupuncture for hot flashes in menopausal women. Acupuncture in Medicine. 2020;38(1):37-44. [210503]. doi

Background	Randomised controlled trials of acupuncture performed using sham interventions to control for the placebo effect have mostly used two types of sham techniques: techniques with minimal insertion of acupuncture needles with no additional stimulation (shallow needling control) and techniques with sham acupuncture devices that do not penetrate the skin (sham device control). To achieve successful blinding, sham device controlled acupuncture trials also use the acupuncture base unit in the verum acupuncture group, but in the shallow needling control trials this is not necessary for the verum acupuncture treatment.
Objective	In this study, we analysed the estimated comparative effectiveness of these two verum acupuncture modalities in studies of acupuncture for menopausal hot flashes that used two types of sham control treatments.

Methods	We conducted a network meta-analysis that included randomised controlled trials of acupuncture for hot flashes. Electronic databases, including Medline, Embase, Cochrane Library and AMED, were searched through March 2017. Data were extracted using a predefined data extraction tool by two independent reviewers. The risk of bias was assessed using the Cochrane risk of bias tool for randomised controlled trials. A five-node network meta-analysis was conducted based on the frequentist framework.
Results	**Eight studies** were included in this review. From the network meta-analysis, we found that verum acupuncture in the shallow needling controlled trials was more effective than verum acupuncture in the sham device controlled trials (SMD -7.27, 95% CI-9.11 to -5.43). Significant heterogeneity and inconsistency were not observed among the included studies or the comparisons.
Conclusions	From this preliminary analysis, we found that different types of verum acupuncture may have different effect sizes with respect to the severity of menopausal hot flashes.

1.1.4. Befus 2018

Befus D, Coeytaux RR, Goldstein KM, McDuffie JR , Shepherd-Banigan M, Goode AP, Kosinski A, Van Noord MG, Adam SS, Masilamani V, Nagi A, Williams JW Jr.. Management of Menopause Symptoms with Acupuncture: An Umbrella Systematic Review and Meta-Analysis. J Altern Complement Med. 2018;24(4):314-323. [145186].

Objectives	Vasomotor symptoms (VMSs) are the most common symptoms reported during menopause. Although hormone therapy is effective for reducing VMSs, its use is restricted in some women. Many women with VMSs thus seek nonhormonal, nonpharmacologic treatment options such as acupuncture.
Design	An umbrella systematic review (SR) was conducted, supplemented by a search of published randomized controlled trials (RCTs), that assessed the effectiveness of acupuncture for VMSs, health-related quality of life (HRQOL), and adverse effects of treatment in perimenopausal or postmenopausal women. Meta-analyses were conducted using a random-effects model when data were sufficient.
Results	**Three SRs and four new RCTs** were identified that met eligibility criteria. Meta-analyses of this study revealed statistically significant standardized mean differences (SMDs) associated with acupuncture compared with no acupuncture at reducing VMS frequency (SMD -0.66, 95% confidence interval [CI] -1.06 to -0.26, I^2 = 61.7%, 5 trials) and VMS severity (SMD -0.49, 95% CI -0.85 to -0.13, I^2 = 18.1%, 4 trials) and improving HRQOL outcomes (SMD -0.93, 95% CI -1.20 to -0.67, I^2 = 0.0%, 3 trials). SMDs were smaller or not statistically significant when acupuncture was compared with sham acupuncture.
Conclusions	: Evidence from RCTs supports the use of acupuncture as an adjunctive or stand-alone treatment for reducing VMSs and improving HRQOL outcomes, with the caveat that observed clinical benefit associated with acupuncture may be due, in part, or in whole to nonspecific effects. The safety of acupuncture in the treatment of VMSs has not been rigorously examined, but there is no clear signal for a significant potential for harm.

1.1.5. Li 2018

Li W, Luo Y, Fu W, Lei R. Acupuncture May Improve Quality of Life in Menopausal Women: A Meta-Analysis of Randomized Controlled Trials. Complement Med Res. 2018;25(3):183-190. [201393] .

Objective	This analysis aims to identify, on the basis of the results of randomized controlled trials (RCTs), whether acupuncture therapy can alleviate menopausal symptoms and promote health-related quality of life.
Methods	We included RCTs that directly compared any type of acupuncture with sham acupuncture in treating menopause-related symptoms and which were published from January 1, 2010 to December 31, 2016 in 6 electronic databases. Two authors performed this work independently; 'risk-of-bias' assessment and data extraction were also independently performed by these 2 review authors. The outcomes are presented as scores of the menopause rating scale (MRS), which represents the self-assessment of patients.
Results	**Six studies** were included. Our analysis found that acupuncture can reduce the MRS score in menopausal women by the end of the treating period (2-3 months, on average) and even in the follow-up period (1-3 months), not only in the total score but also in each subscale score. But the grade of evidence is very low.
Conclusions	Both the total score and the subgroup analysis strongly indicated that acupuncture can alleviate menopause-related symptoms. However, the evidence is not very strong. Thus, further studies about the efficiency of acupuncture on menopausal symptoms based on well-designed trials are needed.

1.1.6. Nam 2018

Nam Eun-Young, Park Ju-Yeon, Lee Ji-Yeon, Jo Junyoung, Kim Dong-Il. Traditional acupuncture for menopausal hot flashes: A systematic review and meta-analysis of randomized controlled trials. European Journal of Integrative Medicine. 2018;17:119-128. [206117].

Introduction	This study was conducted to evaluate the efficacy of traditional acupuncture (TA) for treatment of hot flashes (HFs) in peri-menopausal and post-menopausal women based on a systematic review of randomized controlled trials (RCTs).
Methods	The following international electronic databases: PubMed, EMBASE, the Cochrane Central Register of Controlled Trials (CENTRAL), China National Knowledge Infrastructure (CNKI), and four Korean medical databases were searched for randomized controlled trials (KISS; Korean-studies Information Service System, Korean Traditional Knowledge Portal, NDSL; National Discovery for Science Leaders, KiSTi; Korean Institute of Science and Technology Information, OASIS; Oriental Medicine Advanced Searching Integrated System). The Cochrane Collaboration's risk of bias was used for quality assessment. The efficacy outcomes were frequency and severity of HFs and quality of life were analyzed using the mean differences in the random effects model. The RevMan 5.3 program was used for meta-analysis.
Results	**Eleven RCTs** were included in this systematic review, and nine were included in the meta-analysis. Traditional acupuncture (TA) showed statistically significant improvement relative to sham acupuncture (SA) in HF severity without heterogeneity. However, HF frequency and quality of life (QOL) did not differ between TA and SA. Nevertheless, TA showed significant improvement of HF frequency and severity, and QOL when compared to the control (wait list or no treatment).
Conclusion	The evidence suggested that TA can improve HF in menopausal women and could be a potential treatment for menopausal women.

1.1.7. Lai 2017

Lai Bin, Jiao Lin, Xiong Jun, Zhong Huan, Yan Hong-Li. [Comparison System Evaluation on Acupuncture and Western Medicine Effect in the Treatment of Perimenopausal Syndrome]. Journal of Jiangxi University of Traditional Chinese Medicine. 2017;02. [51510].

Objective	Comparative study on the therapeutic effect of acupuncture in treating climacteric syndrome with Western medicine.
Methods	The use of computer network retrieval Chinese biomedical literature database (CBM) (1979 ~ 2015), CNKI (1979 ~2015), VIP (1989 ~ 2015) and WF (1998 ~ 2015), and manual retrieval of library database in Jiangxi University of Traditional Chinese Medicine. Collection of acupuncture and Western medicine in the treatment of climacteric syndrome of RCT, by two literature reading through literature manager Note Express 2. 9. 8 their reading literature. According to the inclusion criteria selected literature, 4. 2. 8quality evaluation according to the Cochrane Review Handbook, and on into the literature data results using Review Manager 5. 3 software was used for statistical analysis.
Results	40 RCT were included, perimenopausal syndrome 14, perimenopausal xerophthalmia 1, perimenopausal depression 13. The results of Meta-analysis showed that 40 RCT were included in the perimenopausal xerophthalmia 1, perimenopausal depression 6. Meta-analysis results show that: the total effective analysis: Acupuncture VS western medicine 95% CI [1. 02, 1. 24], RR=1. 12, P<0. 05, there was statistical significance. Acupuncture + western medicine OR=3. 55, 95%CI [1. 87, 6. 73], P<0. 05, VS, there was statistical significance. E2 analysis of serum MD=5. 59, 95%CI [3. 72, 8. 18], P<0. 01, there was statistical significance. FSH analysis MD=-1. 17, 95%CI [-3. 41, 1. 08], P>0. 05, no statistical significance. LH analysis MD=-0. 40, 95%CI [-1. 66, -0. 87], P>0. 05, no statistical significance. MI analysis of MD=-3. 52, 95%CI-6. 80, -0. 24], P<0. 05, have statistical significance.
Conclusion	Acupuncture and Western medicine in treating perimenopausal syndrome according to the measurement indicators and criteria of different research results are different, and adverse effects of acupuncture and moxibustion less, but the inclusion of literature quality is not ideal and inseparable from the higher quality RCT to confirm.

1.1.8. Meng 2016

Meng Fang, Duan Peibei, Xu Huiwen, Du Shizheng, Liu Ming. [Acupuncture versus hormone replacement therapy for menopause syndrome: a meta-analysis]. Journal of Liaoning College of Traditional Chinese Medicine. 2016;4:163-167. [187006].

Objective	To evaluate the efficacy and safety of acupuncture and hormone replacement therapy in treating menopause syndrome by Meta-analysis, providing the basis and popularization for future research.
Methods	Randomized controlled trials (RCTs)involving acupuncture and hormone replacement therapy in treating menopause syndrome were retrieved from CNKI, Wan Fang, VIP, CBMdisk, Pubmed, Embase, Cochrane Library, and some other related papers were manually checked. Two reviewers independently screened literature according to the inclusion and exclusion criteria, extracted data and assessed the quality of included studies, meta-analysis was performed by Rev Man 5. 3 software.
Results	At last, 10 randomized controlled trials including 760 patients were involved, Meta-analysis showed that there were no statistical difference in the effective rate of Kupperman Menopausal scores [RR=1. 10, 95%CI (0. 96, 1. 25)], the Estrogen level [WMD=- 3. 39, 95%CI (-11. 27, -0. 29)], the FSH level [WMD=-0. 93, 95%CI (-4. 63, 2. 76)]and the LH level [WMD=- 1. 22, 95%CI (-3. 16, 0. 73)]between the acupuncture group and the hormone replacement therapy group (P>0. 05). As for the variations of Kupperman Menopausal scores, The acupuncture group was better than the hormone replacement therapy group [WMD=- 4. 27, 95%CI (-8. 25, -0. 29), P<0. 05]. No adverse effects were reported in all the 10 studies.

Conclusion	The current evidence showed that acupuncture was similar with hormone replacement therapy in the effective rate and the change of serum hormone level, but acupuncture was superior in improving certain menopausal syndromes. Due to the low level of the included studies, further higher quality trials are needed to confirm its efficiency and safety.

1.1.9. Taylor-Swanson 2015 ☆

Taylor-Swanson L, Thomas A, Ismail R, Schnall JG, Cray L, Mitchell ES, Woods NF. Effects of traditional Chinese medicine on symptom clusters during the menopausal transition. Climacteric. 2015;18(2):142-56. [185074].

Aims	To review controlled clinical trials of traditional Chinese medicine (TCM) therapies for hot flushes and at least one other co-occurring symptom among sleep, cognitive function, mood, and pain.
Methods	An experienced reference librarian performed an extensive search of PubMed/Medline, CINAHL Plus, PsycInfo, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, Web of Science, EMBASE, AMED, and Alt-Health Watch for randomized, controlled trials reported in English between 2004 and July 2011. Of 1193 abstracts identified, 58 trials examined effectiveness of therapies for hot flushes and at least one additional co-occurring symptom.
Results	Eleven trials (13 publications) examined TCM therapeutics of acupuncture, Chinese herbal medicine (CHM) or moxibustion. Acupuncture trials (eight) yielded mixed results; five trials significantly reduced hot flushes. Of those five trials, one also showed benefit for sleep and pain and two trials found benefit for mood symptoms. Of three CHM trials, three trials had significant findings: one for hot flushes and mood, one for hot flushes and pain, and one for hot flushes, sleep, mood symptoms and pain. Moxibustion and counseling (one trial) significantly reduced hot flushes, mood symptoms and pain. None of the trials reported any serious adverse events.
Conclusions	TCM therapeutics of acupuncture, CHM and moxibustion show promising results for the treatment of mood and pain symptoms co-occurring with hot flushes. Although the controlled clinical trials of TCM therapeutics reviewed here measured multiple symptom outcomes, few report treatment effects in ways that allow clinicians to consider symptom clusters when prescribing therapies. Future studies need to measure and report results for individual symptoms or group like symptoms together into subscales. Controlled clinical trials with larger numbers of participants are essential to allow evaluation of these therapies on hot flushes and multiple co-occurring symptoms.

1.1.10. Cao 2015

Cao Zheng -Jiang, Wang Qiong, Li Sai -Gun, et al. [Systematic Evaluation of the Efficacy of Acupuncture on Perimenopausal Syndrome] Journal of Clinical Acupuncture and Moxibustion. 2015;31 (9):60. [187648].

Objective	To evaluate the clinical effect of acupuncture on perimenopausal syndrome.
Methods	Needling, acupuncture, electroacupuncture, body acupuncture, ear acupuncture, scalp acupuncture, plum blossom needling, water needling, laser needling, ear pressure beans menopausal, menopausal syndrome, menopause were searched as key words, since 2010, CNKI, vIP, wan Fang data of clinical randomized or quasi randomized controlled trials published in the library of acupuncture treatment for perimenopausal syndrome. Two reviewers independently extracted the data, evaluation of quality and outcomes of research literature, the evaluation method of data analysis by Meta.

Results	A total of **28 literatures were included**. Meta-analysis results showed that: the total effective rate: analysis of curative effect of each group had no heterogeneity in the outcome indicators (P = 0. 53, 1 =0%). Compared with the control group, the total effect of acupuncture group increased 3. 15 times, and the difference was statistically significant (OR=3. 51, 95%CI, P<0. 000I) (2. 50, 4. 95). The MI index: each group had no heterogeneity in the outcome indicators (P=0. 19,12:33 %). Compared with the control group, the total effect of acupuncture group increased 5. 04 times, and the difference was statistically significant (MD =5. 04, 95% CI, P<0. 0001) (3. 72,6. 36). Publication bias analysis showed that: there was no significant publication bias.
Conclusion	Acupuncture for the treatment of perimenopausal syndrome is distinct, but the quality of most of the domestic researches is relatively low, and it should establish a multi-center randomized controlled clinical trial, focusing on improving the quality of acupuncture in the treatment of perimenopausal syndrome. At present, we still need more high quality randomized controlled studies to confirm the efficacy of acupuncture on perimenopausal syndrome.

1.1.11. Chiu HY 2014 ☆☆

Chiu HY et al, Effects of acupuncture on menopause-related symptoms and quality of life in women on natural menopause: a meta-analysis of randomized controlled trials. Menopause. 2014;22(2):1-11.[163440].

Purpose	This meta-analysis aims to evaluate the effects of acupuncture on hot flash frequency and severity, menopause-related symptoms, and quality of !ife in women in natural menopause.
Methods	We systematically searched PubMed/Medline, PsychiNFO, Web of Science, Cochrane Central Register of Controlled Trials, and CINAHL using keywords such as acupuncture, hot flash, menopause-related symptoms,and quality of !ife. Heterogeneity, moderator analysis, publication bias, and risk of bias associated with the included studies were examined.
Results	Of 104 relevant studies, **12 studies with 869 participants** met the inclusion criteria and were included in this study. We found that acupuncture significantly reduced the frequency (g = -0.35; 95% CI, -0.5 to -0.21) and severity (g = -0.44; 95% CI, -0.65 to -0.23) of hot flashes. Acupuncture significantly decreased the psychological, somatic, and urogenital subscale scores on the Menopause Rating Scale (g = -1.56, g = -1.39, and g = - 0.82, respectively; P < 0.05). Acupuncture improved the vasomotor subscale score on the Menopause-Specifie Quality of Life questionnaire (g= -0.46; 95% CI, -0.9 to -0.02). Long-terms effects (up to 3 mo) on hot flash frequency and severity (g = -0.53 and g = -0.55, respectively) were found.
Conclusion	**This meta-analysis confirms that acupuncture improves hot flash frequency and severity, menopause related symptoms, and quality of life (in the vasomotor domain) in women experiencing natural menopause.**

1.1.12. Dodin 2013

Dodin S, Blanchet C, Marc I, Ernst E, Wu T, Vaillancourt C, Paquette J, Maunsell E. Acupuncture for menopausal hot flushes. Cochrane Database Syst Rev. 2013. cd07410. [160366].

Background	Hot flushes are the most common menopausal vasomotor symptom. Hormone therapy (HT) has frequently been recommended for relief of hot flushes, but concerns about the health risks of HT have encouraged women to seek alternative treatments. It has been suggested that acupuncture may reduce hot flush frequency and severity.

Objectives	To determine whether acupuncture is effective and safe for reducing hot flushes and improving the quality of life of menopausal women with vasomotor symptoms.
Methods	Search methods: We searched the following databases in January 2013: the Cochrane Menstrual Disorders and Subfertility Group Specialised Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, EMBASE, CINAHL, PsycINFO, Chinese Biomedical Literature Database (CBM), Chinese Medical Current Content (CMCC), China National Knowledge Infrastructure (CNKI), VIP database, Dissertation Abstracts International, Current Controlled Trials, Clinicaltrials.gov, National Center for Complementary and Alternative Medicine (NCCAM), BIOSIS, AMED, Acubriefs, and Acubase. Selection criteria: Randomized controlled trials comparing any type of acupuncture to no treatment/control or other treatments for reducing menopausal hot flushes and improving the quality of life of symptomatic perimenopausal/postmenopausal women were eligible for inclusion. Data collection and analysis: Sixteen studies, with 1155 women, were eligible for inclusion. Three review authors independently assessed trial eligibility and quality, and extracted data. We pooled data where appropriate and calculated mean differences (MDs) and standardized mean differences (SMDs) with 95% confidence intervals (CI). We evaluated the overall quality of the evidence using Grading of Recommendations Assessment, Development and Evaluation (GRADE) criteria.
Main results	**Eight studies compared acupuncture versus sham acupuncture.** No significant difference was found between the groups for hot flush frequency (MD -1.13 flushes per day, 95% CI -2.55 to 0.29, 8 RCTs, 414 women, I(2) = 70%, low-quality evidence) but flushes were significantly less severe in the acupuncture group, with a small effect size (SMD -0.45, 95% CI -0.84 to -0.05, 6 RCTs, 297 women, I(2) = 62%, very-low-quality evidence). There was substantial heterogeneity for both these outcomes. In a post hoc sensitivity analysis excluding studies of women with breast cancer, heterogeneity was reduced to 0% for hot flush frequency and 34% for hot flush severity and there was no significant difference between the groups for either outcome. Three studies compared acupuncture versus HT. Acupuncture was associated with significantly more frequent hot flushes than HT (MD 3.18 flushes per day, 95% CI 2.06 to 4.29, 3 RCTs, 114 women, I(2) = 0%, low-quality evidence). There was no significant difference between the groups for hot flush severity (SMD 0.53, 95% CI -0.14 to 1.20, 2 RCTs, 84 women, I(2) = 57%, low-quality evidence).One study compared electroacupuncture versus relaxation. There was no significant difference between the groups for either hot flush frequency (MD -0.40 flushes per day, 95% CI -2.18 to 1.38, 1 RCT, 38 women, very-low-quality evidence) or hot flush severity (MD 0.20, 95% CI -0.85 to 1.25, 1 RCT, 38 women, very-low-quality evidence).Four studies compared acupuncture versus waiting list or no intervention. Traditional acupuncture was significantly more effective in reducing hot flush frequency from baseline (SMD -0.50, 95% CI -0.69 to -0.31, 3 RCTs, 463 women, I(2) = 0%, low-quality evidence), and was also significantly more effective in reducing hot flush severity (SMD -0.54, 95% CI -0.73 to -0.35, 3 RCTs, 463 women, I(2) = 0%, low-quality evidence). The effect size was moderate in both cases. For quality of life measures, acupuncture was significantly less effective than HT, but traditional acupuncture was significantly more effective than no intervention. There was no significant difference between acupuncture and other comparators for quality of life. Data on adverse effects were lacking.

Authors' conclusions	**We found insufficient evidence to determine whether acupuncture is effective for controlling menopausal vasomotor symptoms.** When we compared acupuncture with sham acupuncture, there was no evidence of a significant difference in their effect on menopausal vasomotor symptoms. **When we compared acupuncture with no treatment there appeared to be a benefit from acupuncture, but acupuncture appeared to be less effective than HT.** These findings should be treated with great caution as the evidence was low or very low quality and the studies comparing acupuncture versus no treatment or HT were not controlled with sham acupuncture or placebo HT. Data on adverse effects were lacking.

1.1.13. Zhang 2011

Zhang Yi-Yuan, Xiong Jun, Du Yuan-Hao. [Acupuncture versus western medicine for perimenopausal syndrome: a systematic review]. Liaoning Journal of Traditional Chinese Medicine. 2011;3: 538-544. [187042].

Objective	To assess the effect and safety of acupuncture in the treatment for perimenopausal depression.
Methods	Randomized controlled trials (RCTs) involving acupuncture for perimenopausal depression were identified from CBM (1979 to 2010), VIP (1979 to 2010), WANFANG Database (1998 to 2010), CNKI (1979 to 2010), PubMed (1966 to 2009), EMbase (1980 to 2010), and The Cochrane Library (Issue 4, 2010). We also hand searched relevant journals from library of Guangzhou University of Chinese Medicine. Then assessed the quality according to Cochrane Handbook 5. 0. The Cochrane Collaboration's RevMan 5. 0. 24 software was used for data analyses. 'GRADE profiler' software was making the evidence classification of this system review's evaluation results.
Results	A total of 13 trials involving 1057 patients were included. Meta-analyses showed that the effective rate in the acupuncture combined with western medicine group was higher when compared with western medicine [OR=1. 01, 95%CI (1. 38, 5. 51)]and also the cure rate [OR=2. 91, 95%CI (1. 82, 4. 65)]. As for acupuncture compared with western medicine, no significant difference was noted in effective rate [OR=1. 08, 95%CI (0. 64, 1. 83)], cure rate [OR=1. 04, 95%CI (0. 70, 1. 56)] and the HAMD score at week 2 [WMD=-0. 35, 95%CI (-3. 43, 2. 72)];at week 4 [WMD=0. 01, 95%CI-1. 96, 1. 98)];at week 6 [WMD=-0. 19, 95%CI (-2. 57, 2. 18)]. GRADE evidence classification is very low. The incidence of adverse events of acupuncture (1. 5%) was lower than western medicine group (12. 5%)which showed acupuncture relatively safer than western medicine therapy.
Conclusion	Acupuncture was a relative safe method with few adverse reactions. In combination with western medicine, acupuncture in the treatment of perimenopausal depression reducing HAMD rate shown potentially valid tendency, while acupuncture compared to western medicine therapy showed no statistical difference. Further researches were required to define the role of acupuncture in the treatment of perimenopausal depression neurosis.

1.1.14. Borelli 2010 ∅

Borelli F, Ernst E. Alternative and complementary therapies for the menopause. Maturitas. 2010;66(4):333-43.[157132].

> The use of complementary and alternative medicine (CAM) among menopausal women has increased in the last years. This review examines the evidence from systematic reviews, RCTs and epidemiological studies of CAM in the treatment of menopausal symptoms. Some evidence exists in favour of phytosterols and phytostanols for

diminishing LDL and total cholesterol in postmenopausal women. Similarly, regular fiber intake is effective in reducing serum total cholesterol in hypercholesterolemic postmenopausal women. Clinical evidence also exists on the effectiveness of vitamin K, a combination of calcium and vitamin D or a combination of walking with other weight-bearing exercise in reducing bone mineral density loss and the incidence of fractures in postmenopausal women. Black cohosh appears to be effective therapy for relieving menopausal symptoms, primarily hot flashes, in early menopause. Phytoestrogen extracts, including isoflavones and lignans, appear to have only minimal effect on hot flashes but have other positive health effects, e.g. on plasma lipid levels and bone loss. **For other commonly used CAMs, e.g. probiotics, prebiotics, acupuncture, homeopathy and DHEA-S, randomized, placebo-controlled trials are scarce and the evidence is unconvincing.** More and better RCTs testing the effectiveness of these treatments are needed.

1.1.15. Borud 2010 ☆

Borud E, White A. A Review of Acupuncture for Menopausal Problems. Maturitas. 2010;jan 7: 1-4. [133944].

Acupuncture is one of the complementary therapies that are increasingly used by women with menopausal hot flushes. Acupuncture can be understood as a form of neurological stimulation. Clinical trials of acupuncture use different control groups according to whether they wish to provide practical information on the role of acupuncture in health care, or theoretical information on the specific needle effect. Controls for the latter research question are highly problematic, and no convincingly inert 'placebo' needle has yet been designed. For natural menopause, one large study has shown acupuncture to be superior to self-care alone in reducing the number of hot flushes and improving the quality of life; five small studies have been unable to demonstrate that the effect of acupuncture is limited to any particular points, as traditional theory would suggest; and one study showed acupuncture was superior to blunt needle for flash frequency but not intensity. For flushes associated with induced menopause, clearly acupuncture is useful for reducing flushes in clinical practice, but there is mixed evidence on the nature of the effect: one trial found genuine acupuncture superior to control needling, but another showed no significant difference between acupuncture and blunt needle. The possible mechanisms of acupuncture for hot flushes are discussed. Current evidence clearly justifies further research into the most cost effective form of acupuncture for treating hot flushes.

1.1.16. Borud 2010

Borud E et al. Menopausal problems and acupuncture. Auton Neurosci. 2010 157(1-2):57-62.154040

Purpose	Acupuncture has several mechanisms with the potential to reduce hot flush frequency and severity. This article reviews the current clinical trial literature. This article reviews the clinical trial evidence on the effectiveness of acupuncture for hot
Methods	We consider the evidence from RCTs of courses of needle acupuncture (excluding continuous acupuncture, acupressure and moxibustion) that were included in two recent systematic reviews (Cho and Wang, 2009; Lee et al., 2009), together with RCTs from our own files, and additional RCTs located by updated database searches for ‘acupuncture’ and ‘menopaus’ in PubMed, Embase and Cochrane Central conducted in December 2009.

Results	**Sixteen studies** are included in the review. Three studies comparing acupuncture with no specific therapy show that acupuncture treatment leads to a reduction of around 50% in hot flush frequency. There were seven comparisons between acupuncture and other therapy: three showed acupuncture to have a significantly smaller effect on frequency than oestrogen therapy, two found a similar effect to relaxation, one found a significantly greater effect than the food supplement oryzanol, and one was unclear. Out of seven studies that compared acupuncture with some other form of needle penetration, whether superficial or deep and whether on or off acupuncture points, five showed no effect, one showed an effect on frequency, and another on severity but not frequency. These studies provide little support for a point specific effect of acupuncture in this condition. Two studies compared acupuncture with non-penetrating, blunt needles: one was significantly positive for flush severity but not frequency, and the other showed no effect.
Conclusion	**In conclusion, the results from all studies are in agreement with the hypothesis that acupuncture needling relieves hot flushes.** There are few data however

1.1.17. Cho HS 2009

Cho SH, Whang WW. Acupuncture for vasomotor menopausal symptoms: a systematic review. Menopause. 2009. 16(5):1065-73.[152833].

Purpose	The aim of this study was to critically assess whether acupuncture therapy reduces vasomptor menopausal symptoms and to evaluate the adverse effects of acupuncture therapy on the basis of the results of randomized controlled trials (RCTs).
Methods	Nineteen electronic databases, including English, Korean, Japanese, and Chinese databases, were systematically searched for RCTs in which acupuncture was used to reduce vasomotor menopausal symptoms before July 2008. There were no language restrictions. The methodological quality of the eligible studies was assessed using the categories provided by the Menstrual Disorders and Subfertility Review Group.RCTs located by updated database searches for ‘acupuncture’ and ‘menopaus’ in PubMed, Embase and Cochrane Central conducted in December 2009.
Results	**Eleven studies, which included a total of 764 individual cases**, were systematically reviewed. The methodological quality of the trials varied substantially. Six trials compared acupuncture treatment to sham or placebo acupuncture. Only one study using a nonpenetrating placebo needle found a significant difference in the severity.outcomes ofhot flashes between groups (mean difference, 0.48; 95% CI, 0.05-0.91). Five studies.reported a reduced frequency of hot flashes within groups; however, none found a significant difference between groups. An analysis of the outcomes of the trials that compared acupuncture with hormone therapy or oryzanol for reducing vasomotor symptoms showed that acupuncture was superior.
Conclusion	There is no evidence from RCTs that acupuncture is an effective treatment in comparison to sham acupuncture for reducing menopausal hot flashes. **Some studies have shown that acupuncture therapies are better than hormone therapy for reducing vasomotor symptoms**.

1.1.18. Lee MS 2009

Lee MS, Shin BC, Ernst E. Acupuncture for Treating Menopausal Hot Flushes: A Systematic Review. Climacteric. 2009;12(1):16-25. [153156].

Objectifs	To assess the effectiveness of acupuncture as a treatment option for menopausal hot flushes.

Méthodes	We have searched the literature using 17 databases from inception to October 10, 2008, without language restrictions. We included randomized clinical trials (RCTs) of acupuncture versus sham acupuncture. Their methodological quality was assessed using the modified Jadad score.
Résultats	In total, **six RCTs** could be included. Four RCTs compared the effects of acupuncture with penetrating sham acupuncture on non-acupuncture points. All of these trials failed to show specific effects on menopausal hot flush frequency, severity or index. One RCT found no effects of acupuncture on hot flush frequency and severity compared with penetrating sham acupuncture on acupuncture points that are not relevant for the treatment of hot flushes. The remaining RCT tested acupuncture against non-penetrating acupuncture on non-acupuncture points. Its results suggested favorable effects of acupuncture on menopausal hot flush severity. However, this study was too small to generate reliable findings.
Conclusion	Sham-controlled RCTs **fail to show specific effects** of acupuncture for control of menopausal hot flushes. More rigorous research seems warranted.

1.1.19. Kronenberg 2002

Kronenberg F, Fugh-Berman A. Complementary and alternative medicine for menopausal symptoms: a review of randomized, controlled trials. Ann Intern Med. 2002;137(10):805-13. [112257].

Background	Women commonly use soy products, herbs, and other complementary and alternative medicine (CAM) therapies for menopausal symptoms. Randomized, controlled trials have evaluated the efficacy and short-term safety of these therapies.
Purpose	To review randomized, controlled trials of CAM therapies for menopausal symptoms in order to better inform practice and guide future research.
Methods	Data sources: Searches of MEDLINE for articles published from January 1966 through March 2002, of the Alternative and Complementary Database (AMED) of the British Library for articles published from January 1985 through December 2000, and of the authors' own extensive files. Search terms were hot flash/flush, menopause, and climacteric, combined with phytoestrogens, alternative medicine, herbal medicine, traditional medicine, Traditional Chinese Medicine (TCM), Ayurveda, naturopathy, chiropractic, osteopathy, massage, yoga, relaxation therapy, homeopathy, aromatherapy, and therapeutic touch. Study selection: 29 randomized, controlled clinical trials of CAM therapies for hot flashes and other menopausal symptoms were identified; of these, 12 dealt with soy or soy extracts, 10 with herbs, and 7 with other CAM therapies. Data extraction: Each author extracted information from half of the studies on the number of patients, study design, outcome measures, and results; the other author then checked these results.
Data synthesis	Soy seems to have modest benefit for hot flashes, but studies are not conclusive. Isoflavone preparations seem to be less effective than soy foods. Black cohosh may be effective for menopausal symptoms, especially hot flashes, but the lack of adequate long-term safety data (mainly on estrogenic stimulation of the breast or endometrium) precludes recommending long-term use. Single clinical trials have found that dong quai, evening primrose oil, a Chinese herb mixture, vitamin E, and **acupuncture do not affect hot flashes**; two trials have shown that red clover has no benefit for treating hot flashes.
Conclusions	Black cohosh and foods that contain phytoestrogens show promise for the treatment of menopausal symptoms. Clinical trials do not support the use of other herbs or CAM therapies. Long-term safety data on individual isoflavones or isoflavone concentrates are not available

1.2. Special Clinical Forms

1.2.1. Hot flushes in cancer patient

see corresponding item

1.3. Special outcome

1.3.1. Quality of life

1.3.1.1. Aarshageetha 2023

Aarshageetha P, Janci PRR, Tharani ND. Role of Alternate Therapies to Improve the Quality of Life in Menopausal Women: A Systematic Review. J Midlife Health. 2023 Jul-Sep;14(3):153-158. https://doi.org/10.4103/jmh.jmh_222_22

Middle aged women in majority undergoing menopausal symptoms are unaware of the physiological changes happening in their body, necessary lifestyle changes and alternate therapies to overcome the symptoms. All major electronic sources of relevant information were systematically searched and collected data were pooled under specific subheadings. From the reviewed papers, the awareness on symptoms and related complications of menopause in the middle aged women were consolidated. Studies helped to identify alternative therapies replacing or in parallel with the Hormone Replacement Therapy to overcome the menopausal symptoms. Reduced oestrogen and progesterone level causes physiological, psychological, and genitourinary symptoms. Prolonged consequences cause libido, osteoporosis, and cardio vascular diseases. Hypo-estrogenic status is well managed with alternative therapies including dietary intervention, **acupuncture**, aromatherapy, exercise, and yoga. Dietary interventions involving foods like Fennel, Soy, Black Cohash, St. John Wort, Red Clover and Date Pollen were found to be managing vasomotor symptoms and sexual dysfunction. Non-Hormonal and Non-Pharmacological impact behind **acupuncture** treatment was well accepted. Various studies proved inhaling and massaging with Lavender, Neroli oil, Fennel, Rose, and Geranium essential oils balance cortisol hormone and reduce stress and anxiety. Impact of yoga therapy on neurohormonal pathways reduce both psychological and physiological symptoms. Reviews summarizes various symptoms and complications during menopausal transition and alternate ways of better management with dietary intervention, yoga, exercise, aromatherapy, and **acupuncture** to improve the quality of menopausal women's life.

1.4. Special acupuncture techniques

1.4.1. Comparison of Acupuncture techniques

1.4.1.1. Pang 2026

Pang S, Wang Z, Zhang L, Qin Q, Zhang X, Ma R, Wang Y. Effect of different acupuncture modalities on sex hormone levels in perimenopausal women: a network meta-analysis. Front Endocrinol (Lausanne). 2026;17:1880483. https://doi.org/10.3389/fendo.2026.1880483

Background	Acupuncture, a common intervention in traditional Chinese medicine (TCM), has been widely applied for regulating hormonal fluctuations in perimenopausal women. However, the efficacy of various acupuncture modalities is not comprehensively compared. This network meta-analysis (NMA) evaluated the effects of different acupuncture approaches on sex hormone levels, specifically estradiol (E2), follicle-stimulating hormone (FSH), and luteinizing hormone (LH), in perimenopausal women.
Methods	PubMed, Embase, the Cochrane Library, Web of Science, CNKI, Wanfang, and the VIP Database were searched until March 17, 2026. Randomized controlled trials (RCTs) on acupuncture interventions for perimenopausal women were included. The risk of bias was assessed for included studies, and data were synthesized based on a Bayesian NMA framework.
Results	**36 studies on 1, 480 participants** were included. Compared with control interventions, acupoint application (AA) and acupuncture therapy (AT) significantly reduced Kupperman scores. In terms of FSH reduction, AA, abdominal moxibustion (AM), and AT were superior to control. For LH, AA, AT, and AM demonstrated notable reductions compared with control. As for E2 elevation, AA, AT, and compression acupuncture (PN) achieved statistically significant improvements.
Conclusions	AM, AT, and AA significantly improved Kupperman scores, with AM being the most effective. Catgut implantation acupoint (CA) and PN showed significant effects in reducing FSH levels, followed by AT and AM, whereas plum blossom needling exhibited the greatest efficacy in increasing E2 levels. Overall, acupuncture presents a promising non-pharmacological strategy for modulating hormonal balance and alleviating menopausal symptoms in perimenopausal women.

1.4.1.2. Yang 2026

Yang X, Zhu F, Zhong Y, Liao P, Ji Q, Li S, Feng X, Zheng Y, Xue Q, Chen G. Comparative effectiveness of different acupuncture therapies for perimenopausal syndrome: a systematic review and network meta-analysis. Front Neurol. 2026;16:1696085. https://doi.org/10.3389/fneur.2025.1696085

Background	Perimenopausal women commonly suffer from symptoms like hot flashes, insomnia, and mood swings, impacting quality of life. While acupuncture is a widely used and effective non-pharmacological treatment, the relative efficacy of different acupuncture modalities remains unclear.
Objective	This study aimed to compare the effects of various acupuncture approaches on perimenopausal symptoms through a network meta-analysis.
Methods	A comprehensive literature search was conducted in PubMed, Embase, Cochrane Library, Web of Science, CNKI, Wanfang, CBM, and VIP databases for randomized controlled trials (RCTs) comparing acupuncture interventions for perimenopausal syndrome, with the search updated to June 27, 2025. Risk of bias was assessed using the Cochrane tool. Network meta-analysis was performed using Stata 15 and R version 4.3.
Results	A total of 49 RCTs with 4,579 participants were included. Acupuncture combined with Western medicine (AWM) was most effective for hormone regulation. Acupuncture plus Chinese medicine (ACM) best improved traditional Chinese medicine (TCM) symptoms, while electroacupuncture combined with Western medicine (EAWM) was optimal for menopausal symptoms and depression. Electroacupuncture (EA) alone was most effective for anxiety, auricular plus body acupuncture (AAA) improved sleep the most, and moxibustion (M) showed the highest overall effectiveness.
Conclusion	Various acupuncture modalities show beneficial effects on perimenopausal syndrome, particularly AWM, EAWM, EA, AAA, and M. These findings provide evidence-based guidance for individualized treatment selection, although further high-quality RCTs are warranted for validation.

1.4.1.3. Jo 2021 (Network Meta-Analysis)

Hyo Rim Jo, Seong Kyeong Choi, Won Suk Sung, Eun Jung Kim, Su Ji Choi, Dong Il Kim, Eun Ji Noh. Efficacy Comparison of Different Acupuncture Treatments for Hot Flashes: A Systematic Review with Network Meta-Analysis. J Acupunct Res. 2021;38(2):110-121. [219986]. doi

Objective	The objective of this study was to conduct a systematic review and network meta-analysis to evaluate and compare the effectiveness of various types of acupuncture for menopausal hot flashes (HF).
Methods	Randomized controlled trials (RCTs) were retrieved from 8 electronic databases, and the risk of bias was evaluated for the included studies. Pairwise meta-analysis and network meta-analysis were performed using Review Manager and R software for indirect comparison and ranking, respectively.
Results	In total, **23 RCTs (2,302 patients)** were eligible for systematic review, of which 10 were included in network meta-analysis. Network meta-analysis showed manual acupuncture (MA) had the highest probability of reducing HF frequency and severity, followed by sham acupuncture (SA), electroacupuncture, usual care, or no treatment; furthermore, warm acupuncture significantly improved menopause-specific quality of life compared with MA or electroacupuncture. Compared with hormone replacement therapy, acupuncture had less efficacy in reducing HF frequency but enhanced menopause-specific quality of life. There was no significant difference between MA and SA in mitigating HF.
Conclusions	The existing evidence showed that MA could be used for alleviating menopausal HF. However, it is recommended that more high-quality RCTs should be performed.

1.4.2. Electroacupuncture

1.4.2.1. Zhong 2022

Zhong Z, Dong H, Wang H, Huang Y, Huang D, Huang G. Electroacupuncture for the treatment of perimenopausal syndrome: a systematic review and meta-analysis of randomized controlled trials. Acupunct Med. 2022 Apr;40(2):111-122. https://doi.org/10.1177/09645284211055742

Objective	To assess the efficacy, comparative effectiveness and safety of electroacupuncture (EA) in the treatment of perimenopausal syndrome (PMS).
Methods	Nine databases were searched until June 2019. Only relevant randomized controlled trials (RCTs) of EA for PMS were included.

Results	**Twelve trials involving 746 women** were included. EA and hormone therapy (HT) did not significantly differ in terms of effective rate (risk ratio (RR) = 0.98, 95% confidence interval (CI) = 0.93 to 1.04), Kupperman index (KI) (mean difference (MD) = -0.25, 95% CI = -0.76 to 0.26) and serum levels of follicle-stimulating hormone (FSH) (MD = -3.80, 95% CI = -11.59 to 3.98) or luteinizing hormone (LH) (MD = -2.51, 95% CI = -10.72 to 5.70). Serum estradiol (E2) levels were significantly lower in EA versus HT groups (MD = -60.58, 95% CI = -71.93 to -49.23). Compared with sham EA, EA had a significantly greater effect on reductions in KI (MD = -4.71, 95% CI = -6.57 to -2.86) and hot flushes score/24 h (MD = -2.43, 95% CI = -2.93 to -1.93). There were no significant differences between EA and manual acupuncture (MA) in terms of effective rate (RR = 1.14, 95% CI = 0.98 to 1.33) or serum FSH (MD = -2.87, 95% CI = -29.65 to 23.91), LH (MD = 2.73, 95% CI = -9.65 to 15.11) or E2 (MD = 26.80, 95% CI = -12.06 to 65.65). However, it seemed that EA had a better effect than MA on KI (MD = -2.44, 95% CI = -4.80 to -0.08). Subgroup analyses indicated that EA may have more of a benefit in the pre-menopausal state (hot flushes score/24 h: MD = -1.66, 95% CI = -3.49 to 0.17) compared to post-menopause ($p > 0.05$).
Conclusion	The effect of EA appeared broadly similar to HT and MA in the treatment of PMS, although EA-associated reductions in KI were superior to MA and sham EA, suggesting effects beyond placebo. The evidence base is limited by a small number of eligible studies, risk of bias and clinical/statistical heterogeneity, limiting our ability to draw firm conclusions. As such, additional larger scale, high-quality RCTs are needed.

2. Overview of Systematic Reviews

2.1. Maunder 2026

Maunder A, Mardon AK, Rao V, Torkel S, Metri NJ, Liu J, Yang G, Giese N, Mantzioris E, Abdul Jafar NK, Rodrigues de Souza GE, Al-Kanini I, Romero L, Panay N, Pedder H, Ee C. Complementary therapies for management of menopausal symptoms: a systematic review to inform the update of the International Menopause Society recommendations on women's midlife health. Climacteric. 2026;29(2):165-209. https://doi.org/10.1080/13697137.2025.2584061

Background	Menopausal hormone therapy is standard treatment, but some women use complementary therapies. This review examines complementary therapies for menopause to inform International Menopause Society (IMS) recommendations.
Objective	Menopausal hormone therapy is standard treatment, but some women use complementary therapies. This review examines complementary therapies for menopause to inform International Menopause Society (IMS) recommendations.
Methods	A systematic search of six databases (January 2022-December 2024) identified randomized controlled trials (RCTs) and systematic reviews on complementary therapies for menopause. Outcomes included menopausal, vasomotor, genitourinary, cardiometabolic, sleep symptoms, bone health and safety. The study quality and certainty of evidence were evaluated using Cochrane Risk of Bias (RoB2), A MeaSurement Tool to Assess Systematic Reviews (AMSTAR 2) and Grading of Recommendations, Assessment, Development, and Evaluation (GRADE).

Results	From 3187 citations, 158 studies were included: one overview, 36 meta-analyses, seven systematic reviews and 114 RCTs. While promising evidence was found for **acupuncture**, Chinese herbal medicine (CHM), herbs, nutrients, mind-body/touch therapies for a variety of symptoms, most was of low/very low certainty. High-certainty evidence supports vitamin D safety; and moderate-certainty evidence supports black cohosh (vasomotor/menopausal symptoms), CHM (menopausal symptoms, sleep, blood pressure), **acupuncture** + CHM (sleep) and vitamin D (fracture risk). Most complementary therapies are safe.
Conclusion	Vitamin D, black cohosh, CHM and **acupuncture** + CHM may improve some menopausal symptoms, but overall evidence remains limited. More rigorous research is needed on the efficacy and safety of complementary therapies for menopause.
Recommendations	**Acupuncture.** *Vasomotor:* Women and HCPs could consider electro-acupuncture for vasomotor symptoms ⨁⨁◯◯ LOW C. *Menopause scale, psychological,safety*: Some studies demonstrate efficacy for menopausal symptoms and psychological symptoms. Acupuncture is likely to be safe ⨁⨁◯◯ LOW C. **Acupressure**. *Menopause scale, QoL*. Acupressure could be considered for improving QoL and menopausal symptoms ⨁⨁◯◯ LOW C. **Acupuncture combined with Chinese herbal medicine (CHM).** *Sleep:* There is insufficient evidence to recommend acupuncture + CHM for sleep quality in general; however, the combination may be considered in women with perimenopausal insomnia ⨁⨁⨁◯ MODERATE C. *Menopause scale*: Women and HCPs could consider using acupuncture + CHM for menopausal symptoms ⨁⨁◯◯ LOW C. *Psychological*: The combination could be considered for depressive symptoms ⨁⨁◯◯ LOW C. *Safety*: HCPs and women should be informed that short-term use of acupuncture + CHM appears to be safe ⨁⨁◯◯ LOW A.

2.1. Guo 2019 ☆

Guo PP, Li P, Zhang XH, Liu N , Wang J, Chen DD, Sun WJ, Zhang W. Complementary and alternative medicine for natural and treatment-induced vasomotor symptoms: An overview of systematic reviews and meta-analyses. Complement Ther Clin Pract. 2019:181-194. [200184].

Background and purpose	Vasomotor symptoms (VMS) are very common in menopausal populations and cancer patients and can cause physical and mental discomfort. We aim to summarize the findings of systematic reviews and meta-analyses (SRs/Mas) that assessed the effectiveness of complementary and alternative medicines(CAMs)on VMS to provide solid evidence for future practice.
Methods	PubMed, Embase, the Cochrane Library, and Web of Science were searched from inception to May 2019 to identify relevant SRs/Mas. The methodological quality of SRs/Mas and evidence levels of the outcomes were assessed.
Results	A total of **29 SRs/Mas** were reviewed. Evidence has shown that **acupuncture**, hypnosis, paced respiration, cognitive behavioural therapy, genistein, soy isoflavones, S-equol, combined preparations of black cohosh, and omega-3 supplements could significantly reduce VMS. The methodological quality of the SRs/Mas was moderate or high.
Conclusion	CAMs might be beneficial for reducing VMS, but the evidence levels were not high. Several priorities for future practice were identified.

3. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

3.1. American College of Obstetricians & Gynecologists (ACOG, USA) 2026 ⊕

American College of Obstetricians & Gynecologists' Committee on Clinical Practice Guidelines–Gynecology. ACOG Clinical Practice Guideline: Management of Menopause-Related Vasomotor, Sleep, and Mood Symptoms. Obstet Gynecol. 2026 Nov 1;148(5):e345-e369. https://doi.org/10.1097/aog.0000000000006428

ACOG suggests acupuncture to reduce VMS (vasomotor symptoms) and improve menopause-related sleep disturbance and mood symptoms (conditional recommendation, low-quality evidence).

Supporting evidence:

- 158. Zhao F, Fu Q, Spencer SJ, Kennedy GA, Conduit R, Zhang W, et al. Acupuncture: a promising approach for comorbid depression and insomnia in perimenopause. Nat Sci Sleep. 2021;13:1823-63. https://doi.org/10.2147/NSS.S332474
- 159. Chiu H, Pan C, Shyu Y, Han B, Tsai P. Effects of acupuncture on menopause-related symptoms and quality of life in women in natural menopause: a meta-analysis of randomized controlled trials. Menopause. 2015;22:234-44. `https://doi.org/10.1097/GME.0000000000000260`
- 160. Dodin S, Blanchet C, Marc I, Ernst E, Wu T, Vaillancourt C, et al. Acupuncture for menopausal hot flushes. Cochrane Database Syst Rev. 2013;(7):CD007410. `https://doi.org/10.1002/14651858.CD007410.pub2`
- 161. Candon M, Nielsen A, Dusek JA. Trends in insurance coverage for acupuncture, 2010-2019. JAMA Netw Open. 2022;5:e2142509. `https://doi.org/10.1001/jamanetworkopen.2021.42509`
- 162. Dong M, Sun Y, Wang X, Yu X, Li H. Efficacy of acupuncture as an adjunctive therapy for perimenopausal insomnia: a systematic review and meta-analysis of randomized controlled trials. Clinics (Sao Paulo). 2025;80:100814. `https://doi.org/10.1016/j.clinsp.2025.100814`
- 163. Xiao X, Zhang J, Jin Y, Wang Y, Zhang Q. Effectiveness and safety of acupuncture for perimenopausal depression: a systematic review and meta-analysis of randomized controlled trials. Evid Based Complement Alternat Med. 2020;2020:5865697. `https://doi.org/10.1155/2020/5865697`
- 164. Chen L, Wang K, Huang W, Du X. Comparative efficacy of acupuncture-related interventions for perimenopausal depression and anxiety: a systematic review and frequentist meta-analysis. Complement Ther Med. 2025;94:103250. `https://doi.org/10.1016/j.ctim.2025.103250`

3.2. International Menopause Society (IMS) 2025 ⊕

- Panay N, Fenton A, Hamoda H, Hillard T, Islam RM, Pedder H, Romero L, Vincent AJ; IMS Recommendations Writing Group. International Menopause Society (IMS) recommendations and key messages on women’s midlife health and menopause [Internet]. International Menopause Society; 2025. https://www.imsociety.org/wp-content/uploads/2026/03/IMS-Recommendations-Full-Document.pdf
- Panay N, Fenton A, Hamoda H, Hillard T, Islam R, Pedder H, Romero L, Vincent AJ; IMS

Recommendations Writing Group. International Menopause Society (IMS) recommendations and key messages on women's midlife health and menopause. Climacteric. 2025 Dec;28(6):634-656. doi: 10.1080/13697137.2025.2585487. Epub 2025 Dec 23. Erratum in: Climacteric. 2026 Apr;29(2):318-320. https://doi.org/10.1080/13697137.2025.2585487

- Maunder A, Mardon AK, Rao V, Torkel S, Metri NJ, Liu J, Yang G, Giese N, Mantzioris E, Abdul Jafar NK, Rodrigues de Souza GE, Al-Kanini I, Romero L, Panay N, Pedder H, Ee C. Complementary therapies for management of menopausal symptoms: a systematic review to inform the update of the International Menopause Society recommendations on women's midlife health. Climacteric. 2026 Jan 7:1-45. https://doi.org/10.1080/13697137.2025.2584061

Women and HCPs could consider **electro-acupuncture** for VMS but there is insufficient evidence to recommend **manual acupuncture**. ⨁⨁◯◯ C. There is insufficient evidence to recommend the use of **acupuncture** for menopausal symptoms, anxiety and depression, quality of life and sleep; however, some studies demonstrate efficacy for menopausal symptoms and psychological symptoms, and acupuncture is likely to be safe. ⨁⨁◯◯ C. There is insufficient evidence to recommend acupuncture + Chinese herbal medicine (CHM) for sleep quality in general; however, HCPs and women may consider the combination in women with perimenopausal insomnia. ⨁⨁⨁◯ C.

1. Can AA, Yilmaz DV. Effect of acupressure on menopausal symptoms and quality of life in postmenopausal women: a randomized controlled trial. Holist Nurs Pract. 2024;38(6):371-384.
2. Koca HU, Kucukkelepce DS, Nacar G, Cetin NS, Tashan ST. The effects of acupressure, laughter yoga, and a mindfulness-based stress reduction program applied to postmenopausal women for menopause symptoms and quality of life. Menopause. 2024;31(10):879-886.
3. Liu C, Wang Z, Guo T, Zhuang L, Gao X. Effect of acupuncture on menopausal hot flushes and serum hormone levels: a systematic review and meta-analysis. Acupunct Med. 2022;40(4):289-298.
4. Zhong Z, Dong H, Wang H, Huang Y, Huang D, Huang G. Electroacupuncture for the treatment of perimenopausal syndrome: a systematic review and meta-analysis of randomized controlled trials. Acupunct Med. 2022;40(2):111-122.
5. D'Alessandro EG, da Silva AV, Cecatto RB, de Brito CMM, Azevedo RS, Lin CA. Acupuncture for climacteric-like symptoms in breast cancer improves sleep, mental and emotional health: a randomized trial. Med Acupunct. 2022;34(1):58-65.
6. Liu X, Li M, Xie X, et al. Efficacy of manual acupuncture vs. placebo acupuncture for generalized anxiety disorder (GAD) in perimenopausal women: a randomized, single-blinded controlled trial. Front Psych. 2023;14:1240489.
7. Kim B, Park H. The effects of auricular acupressure on menopausal symptoms, stress, and sleep in postmenopausal middle-aged women: a randomized single-blind sham-controlled trial. J Midwifery Womenw Health. 2024;69(1):41-51.
8. Li L, Xu X, Tao Y, Zhang X. A clinical study on chinese five-element music therapy combined with auricular-plaster therapy in treating perimenopausal insomnia and anxiety. Alternat Therap Health Med. 2024; AT10182. Epub ahead of print. PMID: 38870496.
9. Eidani M, Montazeri S, Mousavi P, Haghighizadeh MH, Valiani M. The effect of auriculotherapy on improving sleep quality in postmenopausal women aged 45-60 years: a clinical trial study. J Educ Health Promot. 2022;11:422.
10. Kamal WM, Maged AM, AbdelAziz S, Mahmoud SI, Mohsen RA. The effects of laser acupuncture on metabolic syndrome in obese postmenopausal women: a randomized controlled study. Lasers Med Sci. 2024;39(1):215.
11. Xing W, Wang X, Zhu W. Effects of acupoint application therapy combined with Chinese herbal medicine on perimenopausal syndrome: a systematic review and meta-analysis of randomized controlled trails. Complement Ther Med. 2023;72:102916.
12. Li Z, Yin S, Feng J, Gao X, Yang Q, Zhu F. Acupuncture combined with Chinese herbal medicine

in the treatment of perimenopausal insomnia: a systematic review and meta-analysis. Medicine (Baltimore). 2023;102(45):e35942.
13. Wang J, Liao Y, You Y, et al. Acupuncture and Chinese herbal medicine for menopausal mood disorder: a randomized controlled trial. Climacteric. 2023;26(4):392-400.

3.3. Asia-Pacific Menopause Federation 2025 ⊕

Ang SB, Sugianto SRS, Tan FCJH, Davison S, Yu Q, Terauchi M, Kim MR, Shah J, Nasreen SZA, Ho CM, Sodnomdorj E, Siregar MFG, Hussain R, Noblejas-Gamilla MCZ, Chua Y, Tsai YC, Jaisamrarn U. Asia-Pacific Menopause Federation Consensus Statement on the Management of Menopause 2024. J Menopausal Med. 2025 Apr;31(1):3-11. doi: 10.6118/jmm.25104. Erratum in: J Menopausal Med. 2025 Aug;31(2):130-131. https://doi.org/10.6118/jmm.25104

49. Women choosing to use complementary or alternative medicines (e.g., traditional medications, acupuncture) to relieve menopausal symptoms should be made aware that the efficacy is less than that of MHT, and that the quality control is questionable.

- No specific reference cited.

3.4. British Menopause Society (BMS, England) 2025 ⊕

BMS Consensus Statement. Non-hormonal-based treatments for menopausal symptoms. British Menopause Society. 2025. https://thebms.org.uk/wp-content/uploads/2025/11/04-BMS-ConsensusStatement-Non-hormonal-based-treatments-for-menopausal-symptoms-NOV2025-C.pdf

Other treatments: Electroacupuncture, EA, as compared with Gabapentin found highest effectiveness in the electroacupuncture group and lowest adverse effects [1]. Acupuncture reduces hot flushes and improves sleep patterns in postmenopausal women, although clinical trials demonstrate benefit generally similar to that of sham acupuncture [2,3].

Supporting evidence:

- 50- Mao JJ, Bowman MA, Xie SX, Bruner D, Demichele A, Farrar JT. Electroacupuncture Versus Gabapentin for Hot Flashes Among Breast Cancer Survivors: A Randomized PlaceboControlled Trial. J Clin Oncol. 2015;33(31):3615-20
- 10- National Institute for Clinical Excellence Menopause; clinical guideline-methods, evidence and recommendations (NG23) version 1.5
- 20- Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society. Menopause. 2015;22(11):1155-72.

3.5. Spanish Menopause Society 2025 Ø

Fasero M, Sanchez M, Baquedano L, Gippini I, Fuentes D, Navarro C, Beltrán E, Lilue M, Porcel I, Pingarrón C, Herrero M, Romero P, Ortega T, Carretero E, Palacios S, Mendoza N, Coronado PJ. Management of menopausal hot flushes. Recommendations from the Spanish Menopause Society. Eur J Obstet Gynecol Reprod Biol X. 2025 Jan 23;25:100366. https://doi.org/10.1016/j.eurox.2025.100366

3.1.6 There is insufficient evidence to recommend acupuncture or yoga to treat VMS

1. Palma F, Fontanesi F, Facchinetti F, Cagnacci A. Acupuncture or phy(F)itoestrogens vs. (E)strogen plus progestin on menopausal symptoms. A randomized study. Gynecol Endocrinol. 2019 Nov;35(11):995-998. https://doi.org/10.1080/09513590.2019.1621835
2. Dodin S, Blanchet C, Marc I, Ernst E, Wu T, Vaillancourt C, Paquette J, Maunsell E. Acupuncture for menopausal hot flushes. Cochrane Database Syst Rev. 2013 Jul 30;2013(7):CD007410. https://doi.org/10.1002/14651858.cd007410.pub2
3. Soares JM Jr, Branco-de-Luca AC, da Fonseca AM, Carvalho-Lopes CM, Arruda-Veiga EC, Roa CL, Bagnoli VR, Baracat EC. Acupuncture ameliorated vasomotor symptoms during menopausal transition: single-blind, placebo-controlled, randomized trial to test treatment efficacy. Menopause. 2020 Sep 4;28(1):80-85. https://doi.org/10.1097/gme.0000000000001651
4. Deng G, Vickers A, Yeung S, D'Andrea GM, Xiao H, Heerdt AS, Sugarman S, Troso-Sandoval T, Seidman AD, Hudis CA, Cassileth B. Randomized, controlled trial of acupuncture for the treatment of hot flashes in breast cancer patients. J Clin Oncol. 2007 Dec 10;25(35):5584-90. doi: 10.1200/JCO.2007.12.0774. Erratum in: J Clin Oncol. 2008 Mar 20;26(9):1572. https://doi.org/10.1200/jco.2007.12.0774
5. Ee C, Xue C, Chondros P, Myers SP, French SD, Teede H, Pirotta M. Acupuncture for Menopausal Hot Flashes: A Randomized Trial. Ann Intern Med. 2016 Feb 2;164(3):146-54. https://doi.org/10.7326/m15-1380
6. Wyon Y, Wijma K, Nedstrand E, Hammar M. A comparison of acupuncture and oral estradiol treatment of vasomotor symptoms in postmenopausal women. Climacteric. 2004 Jun;7(2):153-64. https://doi.org/10.1080/13697130410001713814

3.6. European Society of Human Reproduction and Embryology 2024 ≈

- Panay N, Anderson RA, Bennie A, Cedars M, Davies M, Ee C, Gravholt CH, Kalantaridou S, Kallen A, Kim KQ, Misrahi M, Mousa A, Nappi RE, Rocca WA, Ruan X, Teede H, Vermeulen N, Vogt E, Vincent AJ; ESHRE, ASRM, CREWHIRL, and IMS Guideline Group on POI. Evidence-based guideline: premature ovarian insufficiency. Hum Reprod Open. 2024 Dec 9;2024(4):hoae065. https://doi.org/10.1093/hropen/hoae065
- ESHRE, ASRM, CREWHIRL and IMS Guideline Group on POI; Panay N, Anderson RA, Bennie A, Cedars M, Davies M, Ee C, Gravholt CH, Kalantaridou S, Kallen A, Kim KQ, Misrahi M, Mousa A, Nappi RE, Rocca WA, Ruan X, Teede H, Vermeulen N, Vogt E, Vincent AJ. Evidence-based guideline: premature ovarian insufficiency†‡. Climacteric. 2024 Dec 8:1-11. https://doi.org/10.1080/13697137.2024.2423213

https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Premature-ovarian-insufficiency

Women should be informed that there is limited evidence on the effectiveness of acupuncture for menopausal symptoms in POI and the evidence does not suggest a benefit from adding acupuncture to HT.

3.7. Chinese Society of Obstetrics and Gynecology, Chinese Medical Association (CSOG, CMA, China) 2023 ⊕

Menopause Subgroup, Chinese Society of Obstetrics and Gynecology, Chinese Medical Association. [The 2023 Chinese menopause symptom management and menopausal hormone therapy guidelines]. Zhonghua Fu Chan Ke Za Zhi. 2023;58(1):4-21. https://doi.org/10.3760/cma.j.cn112141-20221118-00706

(3) Non-pharmacological treatments: **acupuncture**, cognitive behavioural therapy, mindfulness-based stress reduction, stellate ganglion block, hypnosis, and other approaches may play an adjunctive therapeutic role [Category 1: based on high-level clinical research evidence, with a high degree of expert consensus].

- No specific reference cited.

3.8. North American Menopause Society (NAMS, USA) 2023 Ø

The 2023 nonhormone therapy position statement of The North American Menopause Society. Menopause. 2023 Jun 1;30(6):573-590. https://doi.org/10.1097/gme.0000000000002200 .

Existing evidence does not support the use of traditional acupuncture for the treatment of VMS, neither for midlife women nor for VMS in survivors of breast cancer. (Level I; not recommended). The use of electroacupuncture, although more promising, still warrants further investigation. (Level II; not recommended)

Supporting evidence:

- 176- Chien TJ, Hsu CH, Liu CY, Fang CJ. Effect of acupuncture on hot flush and menopause symptoms in breast cancer- A systematic review and meta-analysis. PLoS One. 2017;12(8). [172374].
- 177- Chien TJ, Liu CY, Fang CJ, Kuo CY. The maintenance effect of acupuncture on breast cancer-related menopause symptoms: a systematic review. Climacteric. 2020;23(2):130-139. [218485].
- 178- Li T, Zhang Y, Cheng Q, Hou M, Zheng X, Zheng Q, Li L. Quantitative study on the efficacy of acupuncture in the treatment of menopausal hot flashes and its comparison with nonhormonal drugs. Menopause. 2021;28(5):564-572. https://doi.org/10.1097/GME.0000000000001767
- 179- Liu Z, Ai Y, Wang W, Zhou K, He L, Dong G, Fang J, Fu W, Su T, Wang J, Wang R, Yang J, Yue Z, Zang Z, Zhang W, Zhou Z, Xu H, Wang Y, Liu Y, Zhou J, Yang L, Yan S, Wu J, Liu J, Liu B. Acupuncture for symptoms in menopause transition: a randomized controlled trial. Am J Obstet Gynecol. 2018 Oct;219(4):373.e1-373.e10. https://doi.org/10.1016/j.ajog.2018.08.019
- 180- Befus D, Coeytaux RR, Goldstein KM, McDuffie JR , Shepherd-Banigan M, Goode AP, Kosinski A, Van Noord MG, Adam SS, Masilamani V, Nagi A, Williams JW Jr.. Management of Menopause Symptoms with Acupuncture: An Umbrella Systematic Review and Meta-Analysis. J Altern Complement Med. 2018;24(4):314-323.
- 181- Zhong Z, Dong H, Wang H, Huang Y, Huang D, Huang G. Electroacupuncture for the treatment of perimenopausal syndrome: a systematic review and meta-analysis of randomized controlled trials. Acupunct Med. 2022 Apr;40(2):111-122. https://doi.org/10.1177/09645284211055742

3.9. European Menopause and Andropause Society (EMAS, Europe) 2022 Ø

Lambrinoudaki I, Armeni E, Goulis DG, Bretz S, Ceausu I, Durmusoglu F, et al. Menopause, wellbeing and health: A care pathway from the European Menopause and Andropause Society. Maturitas. 2022;163:1-14. https://doi.org/10.1016/j.maturitas.2022.04.008

Alternative and complementary therapies are less effective than MHT for the control of climacteric symptoms. They include phytoestrogens, yoga, **acupuncture**, homoeopathic medicine, mindfulness-based stress reduction, clinical hypnosis and paced respiration. These therapies have modest effects on menopausal symptoms; the evidence is limited by the quality and heterogeneity of studies.

3.10. Obstetrical and Gynaecological Society of Malaysia, Malaysian Menopause Society (OGSM, MMS, Malaysia) 2022 ⊕

Clinical Practice Guidelines: Management of Menopause in Malaysia. Kuala Lumpur: Obstetrical and Gynaecological Society of Malaysia & Malaysian Menopause Society; 2022. https://www.acadmed.org.my/CPGdl/CPG%20Management%20of%20Menopause%20in%20Malaysia%2020221107.pdf

Women are usually stressed about how menopause would affect their lives. Strategies that induce relaxation and inner tranquility such as meditation, traditional massages, **acupuncture** and simple breathing exercises help reduce this stress which in turn helps reduce menopausal symptoms. There are no significant well conducted RCT's to show that stellate ganglion block, **acupuncture**, yoga, or exercise works for vasomotor symptoms.

3.11. Collège National des Gynécologues et Obstétriciens Français et Groupe d'Etude sur la Ménopause et le Vieillissement hormonal (CNGOF-GEMVi, France) 2021 ~

- Raccah-Tebeka B, Boutet G, Plu-Bureau G. Alternatives non hormonales de prise en charge des bouffées vasomotrices post-ménopausiques. RPC Les femmes ménopausées CNGOF-GEMVi . Gynecol Obstet Fertil Senol. 2021;:S2468-7189. [213515]. https://doi.org/10.1016/j.gofs.2021.03.020
- Trémollieres FA, Chabbert-Buffet N, Plu-Bureau G, Rousset-Jablonski C, Lecerf JM, Duclos M, Pouilles JM, Gosset A, Boutet G, Hocke C, Maris E, Hugon-Rodin J, Maitrot-Mantelet L, Robin G, André G, Hamdaoui N, Mathelin C, Lopes P, Graesslin O, Fritel X. Management of postmenopausal women: Collège National des Gynécologues et Obstétriciens Français (CNGOF) and Groupe d'Etude sur la Ménopause et le Vieillissement (GEMVi) Clinical Practice Guidelines. Maturitas. 2022 Jun 9;163:62-81. https://doi.org/10.1016/j.maturitas.2022.05.008

Au total : L'évaluation de l'efficacité de l'acupuncture sur les BVM est rendue difficile en raison de l'absence de groupe placebo réellement utilisable. Les essais montreraient une efficacité sur la fréquence et la sévérité des BVM lorsqu'il n'existe aucun comparatif (NP3).

Supporting evidence:

- 123- Dodin S, Blanchet C, Marc I, Ernst E, Wu T, Vaillancourt C, Paquette J, Maunsell E. Acupuncture for menopausal hot flushes. Cochrane Database Syst Rev. 2013. cd07410.
- 124- Chiu HY, Hsieh YJ, Tsai PS. Acupuncture to Reduce Sleep Disturbances in Perimenopausal and Postmenopausal Women: A Systematic Review and Meta-analysis. Obstet Gynecol. 2016 Mar;127(3):507-515. https://doi.org/10.1097/aog.0000000000001268

3.12. Société des obstétriciens et gynécologues du Canada (SOGC, Canada) 2021 Ø

Yuksel N, Evaniuk D, Huang L, Malhotra U, Blake J, Wolfman W, Fortier M. Directive clinique no 422a : Ménopause : symptômes vasomoteurs, agents thérapeutiques d'ordonnance, médecines douces et complémentaires, nutrition et mode de vie. J Obstet Gynaecol Can. 2021;43(10):1205-1223. [219444]. doi

Acupuncture : efficacité peu probable pour réduire les symptomes vasomoteurs. Données probantes insuffisantes.

3.13. Association of the Scientific Medical Societies in Germany (AWMF), German Society of Gynecology and Obstetrics (DGGG), Austrian Society of Gynecology and Obstetrics (ÖGGG) Germany - Austria 2020 ⊕

- Inwald EC, Albring C, Baum E, Beckermann M, Bühling KJ, Emons G, Gudermann T, Hadji P, Imthurn B, Kiesel L, Klemperer D, Klose P, König K, Krüger S, Langhorst J, Leitzmann M, Ludolph A, Lüftner D, Müller D, Neulen J, Nothacker M; Eckhard Petri †; Prautzsch H, Regitz-Zagrosek V, Schaudig K, Schütz F, Schwenkhagen A, Strowitzki T, Stute P, Taute BM, Tempfer C, Arnim CV, Wildt L, Windler E, Ortmann O. Perimenopause and Postmenopause - Diagnosis and Interventions. Guideline of the DGGG and OEGGG (S3-Level, AWMF Registry Number 015-062, September 2020). Geburtshilfe Frauenheilkd. 2021 Jun;81(6):612-636. https://doi.org/10.1055/a-1361-1948
- Peri- und Postmenopause – Diagnostik und Interventionen. S3-Leitlinie. AWMF-Register-Nr. 015-062, 2020. https://register.awmf.org/assets/guidelines/015-062l_S3_HT_Peri-Postmenopause-Diagnostik-Interventionen_2021-01.pdf

Low risk of harm or of discontinuing treatment / possible benefit : **acupuncture**

Reference cited:

1. Dodin, S, Blanchet, C, Marc, I, Ernst, E, W u, T, Vaillancourt, C, Paquette, J, Maunsell, E, Acupuncture for menopausal hot flushes, The Cochrane Database of Systematic Reviews , July 2013, DOI: 10.1002/14651858.CD007410.pub2

3.14. Royal College of Nursing (RCN, UK) 2020 ~

Menopause: RCN guidance for nurses, midwives and health visitors Royal College of Nursing. 2020. [217756]. doi

You may find that some women have used some of the following therapies. There is little evidence these therapies reduce symptoms as such, but they may offer an improvement in quality of life, probably because of practitioner care and support. The following are therapies women may have used/ask advice on: • acupuncture uses needles put into the skin at specific points on the body, whereas acupressure uses pressure on these points.
Although acupuncture has been used for thousands of years, there are few good quality trials on its use in treating menopause. Those studies that have been conducted have shown no harm, and some have shown benefits in relieving hot flushes, night sweats and general mood, especially when sitespecific points for menopause have been used (Cohen, 2003). Acupuncture has also been used in women with breast cancer and tamoxifen-induced hot flushes, increasing general wellbeing (Walker et al., 2004). However a systematic review has failed to show a specific benefit for hot flushes (Lee et al., 2009) but Borud and White (2010) in a review article have suggested that there is a reduction in hot flushes.

3.15. National Institute for Health and Clinical Excellence (NICE, UK) 2017 ⊕

Menopause. NICE Clinical knowledge summaries. 2017:29p. [197415].

For menopausal women with, or at high risk of, breast cancer: Provide information on non-hormonal and non-pharmacological treatments, such as antidepressants, vaginal moisturisers and lubricants, cognitive behavioural therapy (CBT), hypnosis, **acupuncture**, and relaxation techniques, for the management of symptoms.

3.16. Société Suisse de Gynécologie et d'Obstétrique (SSGO, Suisse) 2017 ⊕

Stute P, Bürki R, Geissbühler V. Avis d'experts No 51. Traitement non hormonal des bouffées de chaleur liées à la ménopause. Société Suisse de Gynécologie et d'Obstétrique (SSGO). 2017;:5P. [202033].

L'acupuncture peut être recommandée pour le traitement des bouffées de chaleur (Ia)

Supporting evidence:

- [29] Dodin S, Blanchet C, Marc I, Ernst E, Wu T, Vaillancourt C, Paquette J, Maunsell E. Acupuncture for menopausal hot flushes. Cochrane Database Syst Rev. 2013;(7):CD007410. https://doi.org/10.1002/14651858.CD007410.pub2
- [30] Chiu HY, Pan CH, Shyu YK, Han BC, Tsai PS. Effects of acupuncture on menopause-related symptoms and quality of life in women in natural menopause: a meta-analysis of randomized controlled trials. Menopause. 2015;22(2):234-244. https://doi.org/10.1097/GME.0000000000000260
- [31] Salehi A, Marzban M, Rezian Zadeh A. Acupuncture for treating hot flashes in breast cancer patients: an updated meta-analysis. Support Care Cancer. 2016;24(12):4895-4899. https://doi.org/10.1007/s00520-016-3345-5
- [32] Tao WW, Jiang H, Tao XM, Jiang P, Sha LY, Sun XC. Effects of Acupuncture, Tuina, Tai Chi, Qigong, and Traditional Chinese Medicine Five-Element Music Therapy on Symptom Management and Quality of Life for Cancer Patients: A Meta-Analysis. J Pain Symptom Manage. 2016;51(4):728-747. https://doi.org/10.1016/j.jpainsymman.2015.11.027

3.17. European Menopause and Andropause Society (EMAS, Europe) 2015 ≈

Mintziori G, Lambrinoudaki I, Goulis DG, Ceausu I, Depypere H, Erel CT, et al. EMAS position statement: Non-hormonal management of menopausal vasomotor symptoms. Maturitas. 2015;81(3):410-413. https://doi.org/10.1016/j.maturitas.2015.04.009

A meta-analysis of 12 studies that evaluated the effects of acupuncture on hot flushes, menopausal symptoms, and QoL in women in natural menopause demonstrated that acupuncture improves menopausal symptoms, the frequency and severity of hot flushes and quality of life. Similarly, an earlier Cochrane review had demonstrated that although less effective than MHT, acupuncture has better results in decreasing menopausal vasomotor symptoms compared with placebo.

3.18. Endocrine Society (ES,international) 2015 Ø

Stuenkel CA, Davis SR, Gompel A, Lumsden MA, Murad MH, Pinkerton JV, Santen RJ. Treatment of symptoms of the menopause: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2015;100(11):3975-401. [164758].

For women seeking relief of VMS with over-thecounter (OTC) or complementary medicine therapies, **we suggest counseling regarding the lack of consistent evidence for benefit** for botanicals, black cohosh, omega-3-fatty acids, red clover, vitamin E, and mind/ body alternatives including anxiety control, **acupuncture,** paced breathing, and hypnosis. (2/⊕⊕◯◯)

Supporting evidence:

- 353- Kim DI, Jeong JC, Kim KH, et al. Acupuncture for hot flushes in perimenopausal and postmenopausal women: a randomised, sham-controlled trial. Acupunct Med. 2011;29:249–256.
- 354. AvisNE,LegaultC,CoeytauxRR,etal.Arandomized,controlled pilot study of acupuncture treatment for menopausal hot flashes. Menopause. 2008;15:1070–1078.
- 355. Cho SH, Whang WW. Acupuncture for vasomotor menopausal symptoms:asystematicreview.Menopause.2009;16:1065–1073.
- 356. Lee MS, Shin BC, Ernst E. Acupuncture for treating menopausal hot flushes: a systematic review. Climacteric. 2009;12:16–25.

3.19. North American Menopause Society (NAMS, North America) 2015 Ø

Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society. Menopause. 2015;22(11):1155-72. [187897].

Do not recommend at this time: There are negative, insufficient, or inconclusive data suggesting the following should not be recommended as proven therapies for managing VMS: cooling techniques, avoidance of triggers, exercise, yoga, paced respiration, relaxation, over-the-counter supplements and herbal therapies, **acupuncture,** calibration of neural oscillations, and chiropractic interventions.

3.20. American College of Obstetricians and Gynecologists (ACOG, USA) 2014 Ø

ACOG Practice Bulletin No. 141: management of menopausal symptoms. Obstet Gynecol. 2014;123(1):202-16. [220951]. doi

Acupuncture. Evidence of Benefit: no.

3.21. NHS Lothian (Scotland) 2010 ⊕

Lothian Sexual & Reproductive Health Services. A Guide to HRT and the Menopause for Women in Lothian. RefHELP NHS Lothian Referral Guidelines. 2010:12P. [197789].

Acupuncture, reflexology and massage can help relax muscles and relieve stress.

3.22. Royal College of Obstetricians and Gynaecologists (RCOG, UK) 2010 Ø

Alternatives to HRT for the Management of Symptoms of the Menopause Scientific Impact Paper No. 6. Royal College of Obstetricians and Gynaecologists. 2010;:13p. [199012].

The evidence from randomised trials that acupuncture helps menopausal symptoms is conflicting. Although a number of randomised trials have been performed, there are difficulties with trial design, in particular with blinding to ‘sham’ acupuncture. In a recent meta-analysis in which six randomised sham-controlled trials were included in the final analysis, the authors failed to show beneficial effects of acupuncture over ‘placebo’ for control of menopausal hot flushes

3.23. North American Menopause Society (NAMS, North America) 2004 Ø

North American Menopause Society. Treatment of menopause-associated vasomotor symptoms: position statement of The North American Menopause Society. Menopause. 2004;11(1):11-33. [152519].

Single clinical trials have found no benefit for dong quai, evening primrose oil, ginseng, a Chinese herbal mixture, **acupuncture**, or magnet therapy.

4. Randomized Controlled Trials

4.1. Sources

1. **Maunder 2026**: Maunder A, Mardon AK, Rao V, Torkel S, Metri NJ, Liu J, Yang G, Giese N, Mantzioris E, Abdul Jafar NK, Rodrigues de Souza GE, Al-Kanini I, Romero L, Panay N, Pedder H, Ee C. Complementary therapies for management of menopausal symptoms: a systematic review to inform the update of the International Menopause Society recommendations on women's midlife health. Climacteric. 2026;29(2):165-209. https://doi.org/10.1080/13697137.2025.2584061
2. **Jo 2021**: Hyo Rim Jo, Seong Kyeong Choi, Won Suk Sung, Eun Jung Kim, Su Ji Choi, Dong Il Kim, Eun Ji Noh. Efficacy Comparison of Different Acupuncture Treatments for Hot Flashes: A Systematic Review with Network Meta-Analysis. J Acupunct Res. 2021;38(2):110-121.
3. **He 2021**: He QD, Zhong ZH, Liu MN, Tong ZY, Wu QB, Chen M. Efficacy and Safety of Acupuncture Vs. Hormone Therapy for Menopausal Syndrome: A Systematic Review and Meta-Analysis. Am J Chin Med. 2021;49(8):1793-1812.
4. **Kim 2020**: Kim TH, Lee MS, Alraek T, Birch S. Acupuncture in sham device controlled trials may not be as effective as acupuncture in the real world: a preliminary network meta-analysis of studies of acupuncture for hot flashes in menopausal women. Acupuncture in Medicine. 2020;38(1):37-44
5. **Befus 2018** : Befus D, Coeytaux RR, Goldstein KM, McDuffie JR , Shepherd-Banigan M, Goode AP, Kosinski A, Van Noord MG, Adam SS, Masilamani V, Nagi A, Williams JW Jr.. Management of Menopause Symptoms with Acupuncture: An Umbrella Systematic Review and Meta-Analysis. J Altern Complement Med. 2018;24(4):314-323.
6. **Cao 2015**: Cao Zheng -Jiang, Wang Qiong, Li Sai -Gun, et al. [Systematic Evaluation of the Efficacy of Acupuncture on Perimenopausal Syndrome] Journal of Clinical Acupuncture and Moxibustion. 2015;31 (9):60
7. **Taylor-Swanson 2015**: Taylor-Swanson L, Thomas A, Ismail R, Schnall JG, Cray L, Mitchell ES, Woods NF. Effects of traditional Chinese medicine on symptom clusters during the menopausal transition. Climacteric. 2015;18(2):142-56.
8. **Chiu 2014**: Chiu HY et al, Effects of acupuncture on menopause-related symptoms and quality of life in women on natural menopause: a meta-analysis of randomized controlled trials. Menopause. 2014;22(2):1-11.
9. **Dodin 2013**: Dodin S, Blanchet C, Marc I, Ernst E, Wu T, Vaillancourt C, Paquette J, Maunsell E. Acupuncture for menopausal hot flushes. Cochrane Database Syst Rev. 2013. cd07410

4.2. List

	Reference	K cancer sham	Source

	Reference	K cancer sham	Source
2026	Alimoradi Z, Hosseini Marznaki Z, Moeini A. The effect of auricular acupressure on quality of life in postmenopausal women: a randomized sham-controlled clinical trial. Climacteric. 2026 Aug;29(4):586-599. https://doi.org/10.1080/13697137.2026.2645641		Acudoc2
	Betos Koçak M, Çayır Y, Topdağı Yılmaz EP. Evaluation of the effect of acupuncture therapy on vasomotor symptoms and insomnia in menopause: randomized controlled trial. J Tradit Complem Med. 2026;9(1):1-8. https://www.turkiyeklinikleri.com/article/en-evaluation-of-the-effect-of-acupuncture-therapy-on-vasomotor-symptoms-and-insomnia-in-menopause-randomized-controlled-trial-113138.html		Acudoc2
2025	Wang HX, Yu XT, Hu J, Chen JJ, Mei YT, Chen YF. Electroacupuncture for hot flashes in early menopause: A randomized sham-controlled trial. J Integr Med. 2025 Sep;23(5):519-527. https://doi.org/10.1016/j.joim.2025.07.008	sham	Acudoc2
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2022	D'Alessandro EG, da Silva AV, Cecatto RB, et al. Acupuncture for climacteric-like symptoms in breast cancer improves sleep, mental and emotional health: a randomized trial. Med Acupunct. 2022;34(1):58–65.	K	Maunder 2026
	Eidani M, Montazeri S, Mousavi P, et al. The effect of auriculotherapy on improving sleep quality in postmenopausal women aged 45-60 years: a clinical trial study. J Educ Health Promot. 2022;11(1):422		Maunder 2026
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2021	Tu HT, Zhou X, Zhuang X, He J, Xiong ZH. Comparative research between acupuncture and Climen in treatment of menopausal hot flashes: a randomized controlled trial. World J Acupunct Moxibustion. 2021;31(4):285-290. https://doi.org/10.1016/j.wjam.2021.05.017		Acuodc2
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	Song, A, Cai, J, and Zhang, Y. [Effects of Acupoint Catgut Embedding on Kupperman Score and Estrogen in Patients with Perimenopausal Syndrome]. J Hubei Univ Chinese Med 2020;22:92-94		Jo 2021
2019	Kargozar R, Salari R, Jarahi L, Yousefi M, Pourhoseini SA, Sahebkar-Khorasani M, Azizi H. Urtica dioica in comparison with placebo and acupuncture: A new possibility for menopausal hot flashes: A randomized clinical trial. Complement Ther Med. 2019 Jun;44:166-173.https://doi.org/10.1016/j.ctim.2019.04.003	sham	Acudoc2
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	Xu, Y, and Luo, K.[Clinical Observation on Treatment of 30 Cases of Perimenopausal Syndrome with Warm Acupuncture Moxibustion]. Zhenjiu Tuina 2017;49:66-67.		Jo 2021
2016	Avis NE, Coeytaux RR, Isom S, et al. Acupuncture in menopause (AIM) study: A pragmatic, randomized controlled trial. Menopause 2016;23:626–637. https://doi.org/10.1097/gme.0000000000000597	sham	Jo 2021, Kim 2020, Befus 2018
	Ee C, Xue C, Chondros P, et al. Acupuncture for menopausal hot flashes: A randomized trial. Ann Intern Med 2016;164:146–154. https://doi.org/10.7326/m15-1380		Jo 2021, Kim 2020, Befus 2018
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	Nedeljkovic M, Tian L, Ji P, et al. Effects of acupuncture and Chinese herbal medicine (Zhi Mu 14) on hot flushes and quality of life in postmenopausal women: Results of a four-arm randomized controlled pilot trial. Menopause 2014;21:15–24. https://doi.org/10.1097/gme.0b013e31829374e8		Befus 2018 Chiu 2014,
2013	Bokmand S, Flyger H. Acupuncture relieves menopausal discomfort in breast cancer patients: a prospective, double blinded, randomized study. Breast 2013;22(3):320–3.	K	Befus 2018, Dodin 2013
2012	Painovich JM, Shufelt CL, Azziz R, Yang Y, Goodarzi MO, Braunstein GD, et al.A pilot randomized, singleblind, placebo-controlled trial of traditional acupuncture for vasomotor symptoms and mechanistic pathways of menopause. Menopause 2012;19(1):54–61. https://doi.org/10.1097/gme.0b013e31821f9171		Jo 2021, Kim 2020, Befus 2018, Chiu 2014, Dodin 2013
2011	de Luca AC, da Fonseca AM, Lopes CM, Bagnoli VR, Soares JM, Baracat EC. Acupuncture-ameliorated menopausal symptoms: single-blind, placebo-controlled, randomized trial. Climacteric. 2011 Feb;14(1):140-5. https://doi.org/10.3109/13697137.2010.484875	Sham	Acudoc2
	Kim DI, Jeong JC, Kim KH, Rho JJ, Choi MS, Yoon SH, et al. Acupuncture for hot flushes in perimenopausal and postmenopausal women: a randomised, sham-controlled trial. Acupuncture in Medicine 2011;29(4):249–56. https://doi.org/10.1136/aim.2011.004085		Kim 2020, Befus 2018, Chiu 2014, Dodin 2013
	Sunay D, Ozdiken M, Arslan H, Seven A, Aral Y. The effect of acupuncture on postmenopausal symptoms and reproductive hormones: a sham controlled clinical trial. Acupunct Med 2011;29:27-31 https://doi.org/10.1136/aim.2010.003285		Chiu 2014, Taylor-Swanson 2015,
	Zhou J, Qu F, Sang X, Wang X, Nan R. Acupuncture and auricular acupressure in relieving menopausal hot flashes of bilaterally ovariectomized Chinese women: a randomized controlled trial. Evidence-Based Complementary and Alternative Medicine 2011;2011:713274.		Befus 2018, Dodin 2013

	Reference	K cancer sham	Source
2010	Kim KH, Kang KW, Kim DI, Kim HJ, Yoon HM, Lee JM, et al. Effects of acupuncture on hot flushes in perimenopausal and postmenopausal women-a multicenter randomized clinical trial. Journal of the North American Menopause Society 2010;17(2):269–80. https://doi.org/10.1097/gme.0b013e3181bfac3b		Jo 2021, Befus 2018, Taylor-Swanson 2015, Chiu 2014, Dodin 2013
	Borud EK, Alraek T, White A, Grimsgaard S. The Acupuncture on Hot Flashes Among Menopausal Women study: observational follow-up results at 6 and 12 months. Menopause 2010;17:262-8. https://doi.org/10.1097/gme.0b013e3181c07275		Taylor-Swanson 2015 (suivi de l'étude précedente
	O'Brien KA, Varigos E, Black C, Komesaroff PA. Laser acupuncture does not improve menopausal symptoms. Menopause. 2010 May-Jun;17(3):636-41. https://doi.org/10.1097/gme.0b013e3181c72b9d		Acudoc2
	Venzke L, Calvert JF Jr, Gilbertson B. A randomized trial of acupuncture for vasomotor symptoms in post-menopausal women. Complementary Therapies in Medicine 2010;18(2): 59–66. https://doi.org/10.1016/j.ctim.2010.02.002	sham	Jo 2021, Befus 2018, Taylor-Swanson 2015, Chiu 2014, Dodin 2013
	Zheng HS, Wu YT, Li JR, Xu MZ, Hu NZ, Chen LH. [Clinical study on the treatment of perimenopausal depression with "four spirits" acupuncture]. Liaoning J Tradit Chin Med. 2010;37(4):726–728.		He 2021
2009	Borud EK, Alraek T, White A, Fonnebo V, Eggen AE, Hammar M, et al.The acupuncture on hot flashes among menopausal women (ACUFLASH) study, a randomized controlled trial. Journal of the North American Menopause Society 2009;16(3):484–93. https://doi.org/10.1097/gme.0b013e31818c02ad		Befus 2018, Taylor-Swanson 2015, Chiu 2014, Dodin 2013
	Hervik J, Mjåland O. Acupuncture for the treatment of the hot flashes in breast cancer patients, a randomized, controlled trial. Breast Cancer Research and treatment 2009; 116(2):311–6. https://doi.org/10.1007/s10549-008-0210-3	K	Befus 2018, Dodin 2013
	Park JE, Lee MS, Jung S, Kim A, Kang K, Choi J, et al.Moxibustion for treating menopausal hot flashes: a randomized clinical trial. Journal of the North American Menopause Society 2009;16(4):660–5. https://doi.org/10.1097/gme.0b013e318198cdf7		Chiu 2014, Dodin 2013
2008	Avis NE, Legault C, Coeytaux RR, Pian-Smith M, Shifren JL, Chen W, et al.A randomized, controlled pilot study of acupuncture treatment for menopausal hot flashes. Journal of the North American Menopause Society 2008;15 (6):1070–8. https://doi.org/10.1097/gme.0b013e31816d5b03		Kim 2020, Befus 2018, Taylor-Swanson 2015, Chiu 2014, Dodin 2013
	Frisk J, Carlhall S, Kallstrom A-C, Lindh-Astrand L, Malmstrom A, Hammar M. Long-term follow-up of acupuncture and hormone therapy on hot flushes in women with breast cancer: a prospective, randomized, controlled multicenter trial. Climacteric 2008;11(2):166–74.	K	Befus 2018, Dodin 2013
	Jin YB, Sun ZL, Jin HF. [Clinical observation on the auricular acupuncture for perimenopause syndrome of 34 cases]. J Tradit Chin Med. 2008;28(4):331–333.		He 2021
	Xia XH, Hu L, Qin ZY, Zhou J, Meng L, Li WL, Tian LY, Zhang YJ. [Multicentral randomized controlled clinical trials about treatment of perimenopausal syndrome with electroacupuncture of sanyinjiao (SP 6)]. Acupuncture Research. 2008;33(4):262. [151051].		He 2021, Cao 2015
2007	Deng G, Vickers AJ, Yeung KS, D'Andrea GM, Xiao H, Heerdt AS, et al.Randomized, controlled trial of acupuncture for the treatment of hot flashes in breast cancer patients. Journal of Clinical Oncology 2007;23(6):5584–90	K	Befus 2018, Dodin 2013
	Jin Hong , Liu Ting-Ting, Wang Rong .[Clinical observation on acupuncture at the five- zangshu for treatment of perimenopausal syndrome]. Chinese acupuncture and moxibustion. 2007. 27(8): 572.		He 2021, Cao 2015
	Liu, H, and Yang, DN. [Clinical observations on treatment of 86 periclimacteric syndrome cases by point catgut embedding]. Shanghai J Acupunct Moxibustion 2007;26:5-7.		Jo 2021
	Kim D-I, Roh J-J, Choi M-S, et al. A clinical trial to assess the efficacy of acupuncture on hot flashes in postmenopausal women. Korean J Oriental Med 2007; 28: 74–85.		Kim 2020
	Nir Y, Huang MI, Schnyer R, Chen B, Manber R. Acupuncture for postmenopausal hot flashes. Maturitas: The European Menopausal Journal 2007;56(4):383–95. https://doi.org/10.1016/j.maturitas.2006.11.001	sham	Jo 2021, Kim 2020, Befus 2018, Taylor-Swanson 2015, Chiu 2014, Dodin 2013
	Qin ZY, Ling H, Xia XH, Meng L, Wu ZJ. [effects of electroacupuncture of sanyinjiao (SP 6) on genito-endocrine in patients with perimenopausal syndrome]. Acupuncture Research. 2007;32(4):255. [147241].		He 2021, Cao 2015
	Su CM, Jiang LJ, Yu LJ. [Clinical observation on perimenopausal syndrome by acupuncture treatment]. J Dalian Med Univ. 2007;29(4):380–381.		He 2021
	Vincent A, Barton DL, Mandrekar JN, Cha SS, Zais T, Wahner-Roedler DL, et al.Acupuncture for hot flashes: a randomized, sham-controlled clinical study. Journal of the North American Menopause Society 2007;14(1):45–52. https://doi.org/10.1097/01.gme.0000227854.27603.7d	sham	Jo 2021, Befus 2018, Chiu 2014, Dodin 2013
	Zaborowska E, Brynhildsen J, Damberg S, Fredriksson M, Lindh-Astrand L, Nedstrand E, Wyon Y, Hammar M. Effects of acupuncture, applied relaxation, estrogens and placebo on hot flushes in postmenopausal women: an analysis of two prospective, parallel, randomized studies. Climacteric. 2007 Feb;10(1):38-45. https://doi.org/10.1080/13697130601165059		Acudoc2
2006	Chen, G . [The curative effect observation on women's climacteric syndrome treated with catgut embedding in points and research on its reproductive endocrine mechanism]. Guangzhou (China): Guangzhou University of Chinese Medicine; 2006		Jo 2021
	Huang MI, Nir Y, Chen B, Schnyer R, Manber R. A randomized controlled pilot study of acupuncture for postmenopausal hot flashes: effect on nocturnal hot flashes and sleep quality. Fertil Steril 2006;86:700-10. https://doi.org/10.1016/j.fertnstert.2006.02.100		Kim 2020, Taylor-Swanson 2015, Dodin 2013 Data are identical to Nir's study in 2006
	Nedstrand E,Wyon Y,HammerM,Wijma K. Psychological well-being improves in women with breast cancer after treatment with applied relaxation or electro-acupuncture for vasomotor symptom. Journal of Psychosomatic Obstetrics & Gynecology 2006;27(4):193–9.	K	Befus 2018, Dodin 2013
	Zhang, H. [Influence of acupuncture on the clinical manifestation and Aendorphin level in female patients with menopausal symptoms]. Chin J Clin Rehabil 2006;10:1-3.		Jo 2021
	Zhou, J, Qin, Z, Li, W, Zhang, C, Tian, L, and Zhang, Y. [Clinical observation on therapeutic effect of electroacupuncture at Sanyinjiao (SP 6) on peri-menopausal syndrome]. Chin Acupunct Mox 2006;26:617-620		Jo 2021, He 2021
2004	Wyon Y,Wilma K,Nedstrand E,HammarM. A comparison of acupuncture and oral estradiol treatment of vasomotor symptoms in postmenopausal women. Climacteric 2004;7 (2):153–64. https://doi.org/10.1080/13697130410001713814		Jo 2021, Befus 2018, Chiu 2014, Dodin 2013
2002	Sandberg, M, Wijma, K, Wyon, Y, Nedstrand, E, and Hammar, M. Effects of electro-acupuncture on psychological distress in postmenopausal women. Complement Ther Med 2002;10:161-169.		Jo 2021
1995	Wyon, LR, Lundeberg, T, and Hammar, M. Effects of acupuncture on climacteric vasomotor symptoms, quality of life, and urinary excretion of neuropeptides among postmenopausal women. Menopause 1995;2:3-12.		Jo 2021

5. Evidence Map

5.1. Yang 2026

Yang R, Zhao J, Li H, Hu Y, Liang T, Zhang J, Qin Y, Chen Y, Yang Y, Bian Z. Clinical evidence on integrated Chinese-Western medicine for perimenopausal syndrome. Integr Med Res. 2026;15(3 Pt B):101357. https://doi.org/10.1016/j.imr.2026.101357

Background	Perimenopausal Syndrome (PS) results from estrogen fluctuations due to ovarian dysfunction, leading to autonomic and neuropsychological symptoms. Existing therapeutic methods have certain limitations, and integrated Chinese-Western medicine (ICWM) treatment can achieve complementary advantages.
Methods	We defined 16 clinical questions and outcomes for PS and searched CNKI, PubMed, the Cochrane Library, and other databases and relevant websites from inception to August 29, 2025. Relevant clinical practice guidelines/consensus statements (CPGs/CSs), systematic reviews (SRs), and randomized controlled trials (RCTs) were included, and their methodological quality was appraised using AGREE II, AMSTAR 2, and ROBUST-RCT, respectively. Data synthesis and visualization were performed using Microsoft Excel 2021 and R.
Results	280 studies (5 CPGs/CSs, 38 SRs, 237 RCTs) were included, of which 84.6% were Chinese publications. Acupuncture and oral Chinese herbal medicine (CHM) had abundant evidence, some Chinese Medicine interventions had little or no evidence, and study quality varied across types. Evidence summaries showed acupuncture versus conventional Western therapy and integrated oral CHM and western medication (WM) versus WM alone were superior or equivalent in efficacy and safety for PS.
Conclusion	This study mainly assesses the available evidence on acupuncture and integrated oral CHM and WM interventions for PS. Both treatment strategies demonstrate potential benefits for PS. Nevertheless, inconsistencies in the evidence base across different interventions, methodological shortcomings, and limited international applicability weaken the overall quality of current findings. Future research should target these gaps to advance evidence-based, personalized ICWM strategies, improving outcomes for women with PS worldwide.

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