

# Table des matières

<b>1. Systematic Reviews and Meta-Analysis</b> .....	1
1.1. Generic Acupuncture .....	1
1.1.1. Zhao 2021 .....	1
1.1.2. Xiao 2020 .....	2
1.1.3. Di 2019 .....	2
1.1.4. Wang 2018 .....	3
1.1.5. Li 2014 .....	3
1.1.6. Huang 2011 .....	4
1.2. Special Acupuncture Techniques .....	4
1.2.1. Comparison of Acupuncture techniques .....	4
1.2.1.1. Zheng 2023 .....	4

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# perimenopausal depression

## Syndrôme anxio-dépressif de la ménopause : évaluation de l'acupuncture

### 1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture
☆☆	Evidence for effectiveness of acupuncture
☆	Limited evidence for effectiveness of acupuncture
∅	No evidence or insufficient evidence

#### 1.1. Generic Acupuncture

##### 1.1.1. Zhao 2021

Zhao FY, Fu QQ, Kennedy GA, Conduit R, Zhang WJ, Zheng Z. Acupuncture as an Independent or Adjuvant Management to Standard Care for Perimenopausal Depression: A Systematic Review and Meta-Analysis. *Front Psychiatry*. 2021. [219302]. [doi](#)

<b>Background</b>	Many women with perimenopausal depression (PMD) have sought alternative therapies such as acupuncture because of concerns about risks associated with antidepressant and hormone replacement therapy (HRT).
<b>Aim</b>	This systematic review aimed to clarify if acupuncture is effective for PMD compared with waitlist control or placebo/sham acupuncture, and if acupuncture alone or combined with standard care (antidepressant and/or HRT) is more effective in ameliorating PMD in comparison with standard care alone.
<b>Methods</b>	Randomized controlled trials (RCTs) of PMD treatment via acupuncture vs. waitlist control or placebo/sham acupuncture, and RCTs of PMD treatment via acupuncture alone or combined with Western pharmacotherapy vs. Western pharmacotherapy were searched for from seven databases from inception to December 2020. Cochrane criteria were followed.
<b>Results</b>	<b>Twenty-five studies involving 2,213 women</b> were analyzed. Meta-analyses indicated that acupuncture significantly reduced the global scores of Hamilton Depression Scale (HAMD) [standardized mean difference (SMD) = -0.54, 95% CI (-0.91, -0.16), $p < 0.01$ ], compared with standard care. The therapeutic effect of acupuncture maintained at 2-, 4-, and 12-week follow-ups. Acupuncture combined with standard care was more effective than standard care alone in decreasing HAMD scores [SMD = -0.82, 95% CI (-1.07, -0.58), $p < 0.01$ ]. Too few RCTs were available to assess the clinical efficacy differences between acupuncture and placebo/sham acupuncture or HRT alone. Acupuncture also showed better effects in decreasing Kupperman index (KI) scores, whether compared with antidepressant alone [MD = -4.55, 95% CI (-8.46, -0.65), $p = 0.02$ ] or antidepressant combined with HRT [MD = -0.89, 95% CI (-1.34, -0.43), $p < 0.01$ ].

<b>Conclusions</b>	In comparison with standard care, acupuncture alone or combined with standard care was associated with significant improvements in PMD and reductions of other menopausal symptoms. This finding suggests that acupuncture may be a useful addition to treatment for PMD.
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### 1.1.2. Xiao 2020

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. [205254]. [DOI](#)

<b>Objective</b>	To determine the effectiveness and safety of acupuncture for perimenopausal depression.
<b>Methods</b>	We searched the Cochrane Central Register of Controlled Trials, PubMed, EMBASE, CNKI, VIP Citation Databases, Wan Fang, and online trial registries such as ClinicalTrials.gov for randomized controlled trials (RCTs) assessing the efficacy and safety of acupuncture for perimenopausal depression. Literature screening, data extraction, and determination of the risk of bias were performed by two researchers independently. The extracted data were pooled and meta-analyzed using RevMan5.3 software.
<b>Results</b>	In total, 16 RCTs covering 1311 patients were enrolled. Overall, the results showed that acupuncture was more effective in the treatment of perimenopausal depression than antidepressants (OR = 2.68, 95% CI (1.84, 3.90), P < 0.00001). Furthermore, HAMD scores in the manual acupuncture group and electroacupuncture group were lower than those of antidepressants (manual acupuncture vs. antidepressants (MD = -2.35, 95% CI (-2.93, -1.77), P < 0.00001) and electroacupuncture vs. antidepressants (MD = -1.2, 95% CI (-1.92, -0.48), P=0.001)). Data analysis revealed that the treatment effect of acupuncture was more stable than that of antidepressants (MD = -2.4, 95% CI (-3.37, -1.43), P < 0.00001). Moreover, acupuncture was safer than antidepressants based on the incidence of adverse events (OR = 0.23, 95% CI (0.1, 0.52), P=0.0004). But acupuncture has no effect on estrogen levels (P ≥ 0.05).
<b>Conclusions</b>	Acupuncture for perimenopausal depression is safe and effective. Moreover, it has more stable long-term effects than antidepressants and hormone replacement therapy (HRT). We recommend acupuncture as a clinical treatment of perimenopausal depression.

### 1.1.3. Di 2019

Di YM, Yang L, Shergis JL, Zhang AL, Li Y, Guo X, Xue CC, Lu C. Clinical evidence of Chinese medicine therapies for depression in women during perimenopause and menopause. Complement Ther Med. 2019. [203239].

<b>Background</b>	Depression is common in women during perimenopause and menopause. Complementary therapies such as acupuncture and Chinese herbal medicine (CHM) are often utilized by these women. However, the efficacy and safety of these treatments have not been systematically evaluated.
<b>Methods</b>	We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs). Nine English and Chinese databases were searched and search terms included perimenopause, menopause, depression, Chinese herbal medicine, acupuncture, RCTs, and their synonyms. Methodological quality was assessed using the Cochrane Risk of Bias Tool.

<b>Results</b>	A total of 18 RCTs were identified (6 CHM, <b>11 acupuncture related therapies, 1 combination of CHM and acupuncture</b> ). For Hamilton Rating Scale of Depression (HRSD) and Kuppermans Index of Menopause, tuina-massage, combined therapy of CHM plus acupuncture showed significant benefits at end of treatment compared to antidepressants. Either CHM and acupuncture reduced HRSD scores, indicating less severe depression, showing comparable effects to antidepressants.
<b>Conclusion</b>	CHM and acupuncture treatment in perimenopause and menopausal women resulted in reduced severity of depression. Results should be interpreted with caution given the small number of studies included in this review and further RCTs are warranted to validate findings from this review.

#### 1.1.4. Wang 2018

Wang Yingying, Chen Hong, Xue Xiaojing, Xiao Tao, Yang Jinsheng, Yan Pinghui. [Safety and Effectiveness of Acupuncture for Women Emotional Disorders in Perimenopause: A Systematic Review]. Liaoning Journal of Traditional Chinese Medicine. 2018;12:2478-2484. [201750].

<b>Objective</b>	To systematically evaluate the safety and effectiveness of acupuncture for women emotional disorders in perimenopause.
<b>Methods</b>	Through the electronic retrieval from English and Chinese databases, randomized controlled trial (RCT) literature regarding acupuncture treatment of women emotional disorders in perimenopause to October 2016 was collected, and they were screened according to inclusion and exclusion criteria. The included RCTs were extracted and evaluated.
<b>Results</b>	A total of <b>12 RCTs</b> were included in the analysis, involving <b>1045 patients</b> . Meta-analysis results showed that acupuncture had better effective rate than medicine on women emotional disorders in perimenopause ( $Z=3.24$ , $P=0.001$ ), and best homogeneity ( $P=0.53$ , $I^2=0\%$ ). Acupuncture had better efficacy than medicine on short-term HAMD score ( $Z=2.81$ , $P=0.005$ ), but long-term HAMD score was equal ( $Z=0.56$ , $P=0.57$ ), and heterogeneity existed between groups ( $P=0.11$ , $I^2=59.9\%$ ). Compared with medicine, acupuncture could significantly improve the Kupperman score of women emotional disorders in perimenopause ( $Z=6.04$ , $P<0.00001$ ), and heterogeneity existed between groups ( $P=0.06$ , $I^2=72\%$ ). Compared with medicine, acupuncture could significantly improve the E2 levels of women emotional disorders in perimenopause ( $Z=4.26$ , $P<0.0001$ ), and heterogeneity existed between groups ( $P=0.003$ , $I^2=88.4\%$ ). Acupuncture had better safety than medicine on women emotional disorders in perimenopause ( $Z=7.20$ , $P<0.00001$ ) and homogeneity better ( $P=0.33$ , $I^2=13\%$ ).
<b>Conclusion</b>	Acupuncture is safe and effective for women emotional disorders in perimenopause, but due to the low method...

#### 1.1.5. Li 2014

Li Zhao-Feng, Wu Qian, Fu Wen-Bin, Chen Jia-Yi. [Systematic review on effectiveness and safety of acupuncture moxibustion for perimenopausal depression]. China Journal of Traditional Chinese Medicine and Pharmacy. 2014;5:1746-175. [186918].

<b>Objective</b>	To evaluate the effectiveness and safety of acupuncture and moxibustion for perimenopausal depression.
<b>Methods</b>	The Chinese Biomedical Literature Database (CBM), the China National Knowledge Infrastructure databases (CNKI), VIP database, Wan-fang data, the China Clinical Trial Register (ChiCTR), PubMed, Embase, and Cochrane Library databases were retrieved.

<b>Results</b>	Totally 15 trials were included. The effectiveness and safety in the acupuncture plus medication group were both more than those in the medication group. All of the studies received a very low-quality score.
<b>Conclusion</b>	There is limited evidence that acupuncture is more effective than medication for perimenopausal depression. However, we have found an important relationship between the methodology of the studies and the results show a necessity of future research.

### 1.1.6. Huang 2011

Huang Ye-Fei, Fu Wen-Bin,, Wu Tai-Xiang, Zhang Guang-Cai, Su Lin-Rong, Chen Yuan-Fang. [A systematic review on effect and safety of acupuncture for perimenopausal depression]. China Journal of Traditional Chinese Medicine and Pharmacy. 2011;5:908-914,. [186922].

<b>Objective</b>	To assess the effect and safety of acupuncture in the treatment for perimenopausal depression.
<b>Methods</b>	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.
<b>Results</b>	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.
<b>Conclusion</b>	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.

## 1.2. Special Acupuncture Techniques

### 1.2.1. Comparison of Acupuncture techniques

#### 1.2.1.1. Zheng 2023

Zheng L, Sun Z, Liu C, Zhang J, Jin Y, Jin H. Acupuncture-adjuvant therapies for treating perimenopausal depression: A network meta-analysis. Medicine (Baltimore). 2023 Aug 18;102(33):e34694. <https://doi.org/10.1097/MD.00000000000034694>

<b>Background</b>	The issues related to the treatment of perimenopausal depression (PMD) are the side effects of antidepressants and hormone replacement therapy. The aim of this study was to assess the efficiency and safety of acupuncture and moxibustion in PMD patients.
<b>Methods</b>	Databases, namely PubMed, Cochrane Library, Web of Science, EMBASE, CNKI, CBM, VIP, and WanFang, were reviewed for related randomized controlled trials dated between database inception and November 22, 2022. The primary outcomes were the efficacy rate and the Hamilton Depression Scale score. The secondary outcomes were the levels of follicle-stimulating hormone, luteinizing hormone, and estradiol and the Kupperman score. Odds ratios (ORs) were generated as the effect size for dichotomous outcomes, while the standard mean difference (SMD) $\pm$ standard deviation was used for continuous outcomes. Matrices were developed to demonstrate pairwise comparisons of regimens related to each endpoint. Utilizing Review Manager (RevMan) 5.3, Stata 16.0 and SPSS 21, data were analyzed.
<b>Results</b>	In total, 27 studies involving 2269 PMD patients and 8 therapeutic measures were incorporated into the network meta-analysis (NMA). The NMA showed that warm acupuncture (OR = 1.55, 95% CI: 1.00-2.44), electroacupuncture (OR = 1.34, 95% CI: 1.00-1.8), abdominal acupuncture (OR = 1.19, 95% CI: 0.73-1.96), and common acupuncture (OR = 1.4, 95% CI: 0.9-2.17) were more effective than fluoxetine + menopausal hormone treatment in the treatment of PMD. The NMA also showed that, based on the Hamilton Depression Scale score, warm acupuncture was more effective than the other 4 acupuncture-related treatments, i.e., electroacupuncture (SMD = -1.22, 95% CI: -2.34 to -0.09), thread embedding (SMD = -1.31, 95% CI: -2.21 to -0.40), abdominal acupuncture (SMD = -1.33, 95% CI: -2.42 to -0.24), and common acupuncture (SMD = -1.46, 95% CI: -2.26 to -0.66). The cumulative ranking probability (SUCRA) showed that warm acupuncture (99.6%) was the best treatment method.
<b>Conclusions</b>	The findings of this network meta-analysis may help patients and therapists choose the best acupuncture therapy for treating perimenopausal depression patients and furnish reliable evidence for guidelines.

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