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Premenstrual Syndrome

Syndrome prémenstruel : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhang 2019 (Intervention Time)

Zhang J , Cao L , Wang Y , Jin Y , Xiao X , Zhang Q. Acupuncture for Premenstrual Syndrome at Different Intervention Time: A Systemic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2019. [200827].

Background	Premenstrual syndrome (PMS) is one of the most common gynecological conditions with no standard modern therapeutic schedule. Some studies have reported the effects of acupuncture in treating PMS, but the intervention time varies. This review evaluated the efficacy of acupuncture for patients with PMS and the appropriate time to initiate acupuncture therapy. The review has been registered on the "PROSPERO" website; the registration number is CRD42018109724.
Methods	A comprehensive literature search was performed on 9 electronic databases from the time of inception to September 2018. RCTs studies on acupuncture for PMS compared with medication, sham acupuncture, or no treatment were included. Statistical analysis and investigation of heterogeneity source were carried out using RevMan5. 3.
Results	A total of 15 studies, comprising of 1103 cases, were included. Overall, acupuncture significantly increased the effective rate of PMS compared with medicine and sham acupuncture. Subgroup analyses showed no significant difference among different intervention time to start acupuncture treatment. Among the acupoints involved in the treatment of PMS, SP6, LR3, and RN4 were the most commonly used.
Conclusions	The current meta-analysis reveals that acupuncture leads to better effective rate, but the intervention time has no significant effect on the efficacy of acupuncture treatment for PMS. SP6, LR3, and RN4 are the most commonly used acupoints in treating PMS. However, large-scale, case-control studies with rigorous designs are required to provide more accurate evidence.

1.1.2. Jang 2014 ☆

Jang SH1, Kim DI, Choi MS. Effects and treatment methods of acupuncture and herbal medicine for premenstrual syndrome/premenstrual dysphoric disorder: systematic review. BMC Complement Altern Med. 2014 Jan 10;14:11. [170912].

Purpose	During their reproductive years about 10% of women experience some kind of symptoms before menstruation (PMS) in a degree that affects their quality of life (QOL). Acupuncture and herbal medicine has been a recent favorable therapeutic approach. Thus we aimed to review the effects of acupuncture and herbal medicine in the past decade as a preceding research in order to further investigate the most effective Korean Medicine treatment for PMS/PMDD.
Methods	A systematic literature search was conducted using electronic databases on studies published between 2002 and 2012. Our review included randomized controlled clinical trials (RCTs) of acupuncture and herbal medicine for PMS/PMDD. Interventions include acupuncture or herbal medicine. Clinical information including statistical tests was extracted from the articles and summarized in tabular form or in the text. Study outcomes were presented as the rate of improvement (%) and/or end-of-treatment scores.
Results	The search yielded 19 studies. In screening the RCTs, 8 studies in acupuncture and 11 studies in herbal medicine that matched the criteria were identified. Different acupuncture techniques including traditional acupuncture, hand acupuncture and moxibustion, and traditional acupuncture technique with auricular points, have been selected for analysis. In herbal medicine, studies on Vitex Agnus castus, Hypericum perforatum, Xiao yao san, Elsholtzia splendens, Cirsium japonicum, and Gingko biloba L. were identified. Experimental groups with Acupuncture and herbal medicine treatment (all herbal medicine except Cirsium japonicum) had significantly improved results regarding PMS/PMDD.
Conclusion	Limited evidence supports the efficacy of alternative medicinal interventions such as acupuncture and herbal medicine in controlling premenstrual syndrome and premenstrual dysphoric disorder. Acupuncture and herbal medicine treatments for premenstrual syndrome and premenstrual dysphoric disorder showed a 50% or better reduction of symptoms compared to the initial state. In both acupuncture and herbal medical interventions, there have been no serious adverse events reported, proving the safety of the interventions while most of the interventions provided over 50% relief of symptoms associated with PMS/PMDD.

1.1.3. Kim 2011 ☆

Kim SY, Park HJ, Lee H, Lee H.. Acupuncture for Premenstrual Syndrome: A Systematic Review and Meta-Analysis of Randomised Controlled Trials. BJOG.. 2011;118(8):899-915.[154973]

Objectifs	Although acupuncture is widely applied in obstetrics and gynaecology, evidence for its efficacy in treating premenstrual syndrome (PMS) is equivocal. <i>Objective</i> To summarise and evaluate the current evidence for acupuncture as a treatment for PMS.
Méthodes	<i>Search strategy</i> Ten databases were searched electronically, and relevant reviews were searched by hand through June 2009. <i>Selection criteria</i> Our review included randomised controlled trials (RCTs) of women with PMS; these RCTs compared acupuncture with sham acupuncture, medication, or no treatment. <i>Data collection and analysis</i> Study outcomes were presented as mean differences (for continuous data) or risk ratios (RRs) (for dichotomous data) with a 95% confidence interval (95% CI). The risk of bias was assessed using the assessment tool from the Cochrane Handbook.

Résultats	Ten RCTs were included in our review. The pooled results demonstrated that acupuncture is superior to all controls (eight trials, pooled RR 1.55, 95% CI 1.33-1.80, $P < 0.00001$). A meta-analysis comparing the effects of acupuncture with different doses of progestin and/or anxiolytics supported the use of acupuncture (four trials, RR 1.49, 95% CI 1.27-1.74, $P < 0.00001$). In addition, acupuncture significantly improved symptoms when compared with sham acupuncture (two trials, RR 5.99, 95% CI 2.84-12.66, $P < 0.00001$). No evidence of harm resulting from acupuncture emerged. Most of the included studies demonstrated a high risk of bias in terms of random sequence generation, allocation concealment, and blinding.
Conclusion	Although acupuncture seems promising for symptom improvement in women with PMS, important methodological flaws in the included studies weaken the evidence. Considering the potential of acupuncture, further rigorous studies are needed

1.1.4. Cho 2010 ☆

Cho SH, Kim J. Efficacy of acupuncture in management of premenstrual syndrome: a systematic review. Complement Ther Med. 2010;18(2):104-11. [154013].

Purpose	To assess the effectiveness and adverse effects of acupuncture for the symptomatic treatment of PMS from randomised controlled trials (RCTs).
Methods	Electronic databases, including English, Korean, Japanese and Chinese, were systematically searched up to January 2009 with no language restrictions. Selection criteria: RCTs comparing acupuncture with control investigating acupuncture for PMS were considered. Data collection and analysis: Study collection and quality assessment were performed by two reviewers using the criteria described in the Cochrane Handbook.
Results	Nine studies were systematically reviewed. Only two of the nine trials reported details regarding sequence generation and allocation concealment. Four studies reported a significant difference in reduction of PMS symptoms for acupuncture treatment compared with pharmacological treatment. Two studies reported the improvements in primary symptoms within the acupuncture and herbal medications groups compared with baselinings.
Conclusion	Although the included trials showed that acupuncture may be beneficial to patients with PMS , there is insufficient evidence to support this conclusion due to methodological flaws in the studies, including unknowns in sequence generation, concealment of allocation, blinding and outcome measures.

1.1.5. Kwan 2009 Ø

Kwan I, Onwude JL. Premenstrual syndrome. BMJ Clin Evid. 2009. [156505].

Introduction	Premenstrual symptoms occur in 95% of women of reproductive age. Severe, debilitating symptoms (PMS) occur in about 5% of those women. There is no consensus on how symptom severity should be assessed, which has led to a wide variety of symptoms scales, making it difficult to synthesise data on treatment efficacy. The cyclical nature of the condition also makes it difficult to conduct RCTs.
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Methods and outcomes	We conducted a systematic review and aimed to answer the following clinical questions: What are the effects of drug treatments in women with premenstrual syndrome? What are the effects of hormonal treatments in women with premenstrual syndrome? What are the effects of psychological interventions in women with premenstrual syndrome? What are the effects of physical therapy in women with premenstrual syndrome? What are the effects of dietary supplements in women with premenstrual syndrome? What are the effects of surgical treatments in women with premenstrual syndrome? We searched: Medline, Embase, The Cochrane Library, and other important databases up to July 2009 (Clinical Evidence reviews are updated periodically; please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA).
Results	We found 56 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions.
Conclusions	In this systematic review, we present information relating to the effectiveness and safety of the following interventions: acupuncture ; alprazolam; bright light therapy; buspirone; chiropractic manipulation; clomipramine; cognitive behavioural therapy (CBT); danazol; endometrial ablation; evening primrose oil; exercise; gonadorelin analogues; hysterectomy; laparoscopic bilateral oophorectomy; magnesium supplements; metolazone; non-steroidal anti-inflammatory drugs (NSAIDs); oestrogens; oral contraceptives; progesterone; progestogens; pyridoxine; reflexology; relaxation; selective serotonin reuptake inhibitors (SSRIs); spironolactone; and tibolone.
Acupuncture	Unknown effectiveness

1.1.6. Yu 2005 ☆

Yu JN, Liu BY, Liu ZS, Robinson V. [Evaluation of clinical therapeutic effects and safety of acupuncture treatment for premenstrual syndrome]. Chinese Acupuncture and Moxibustion. 2005;25(6):377-82. [119245].

Objective	To assess the effectiveness and safety of various types of acupuncture in treatment of premenstrual syndrome (PMS).
Methods	Search Chinese and English databases of the Cochrane Library, CENTRAL, MEDLINE, EMBASE, CBM, CNKI and reference lists of correlative academic conference proceedings.
Results	Eight controlled studies involving 807 women (range, 61-225) meeting the enrolled criteria. Among them 7 studies showed that therapeutic effects of acupuncture were superior to other methods (i. e. Western medicine or Chinese herbs).
Conclusion	Acupuncture can effectively treat PMS. However, more randomized controlled trials are needed to assess the effectiveness and adverse-effect of acupuncture for treatment of PMS.

1.2. Special clinical forms

1.2.1. Menstrual migraine

See [corresponding article](#)

2. Clinical Practice Guidelines

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

2.1. American College of Obstetricians and Gynecologists (ACOG, USA) 2023

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Management of Premenstrual Disorders: ACOG Clinical Practice Guideline No. 7. Obstet Gynecol. 2023 Dec 1;142(6):1516-1533. <https://doi.org/10.1097/aog.0000000000005426>

Acupuncture. ACOG suggests the use of acupuncture to help manage physical and affective premenstrual symptoms. (Conditional recommendation, low- quality evidence)

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