



Menopause and acupuncture: the evidence for effectiveness

Symptoms commonly associated with the menopause are frequently treated by acupuncture (for example see Lyttleton 1990a; 1991; Maciocia 1998). This paper assesses the evidence base insofar that it is available in the literature, much of which is in French. The results of these few studies suggest that acupuncture can be effective in treating hot flushes, and also anxiety and depression related to menopause.

The Evidence Series of Briefing Papers aims to provide a review of the key papers in the literature, which provide evidence of the effectiveness of acupuncture in the treatment of specific conditions. The sources of evidence will be clearly identified ranging from clinical trials, outcome studies and case studies. In particular this series of briefing papers will seek to present, discuss and critically evaluate the evidence.

Introduction

Natural menopause normally occurs in women between the ages of 45 and 56. During the period of the climacteric, a variety of symptoms may be experienced, which cause varying amounts of distress. The most common of these are hot flushes, night sweats and vaginal dryness, but insomnia, anxiety, depression, fatigue, aches and pains, headache, palpitations, genital and urinary problems are also common. Estimates of the percentage of women who experience symptoms distressing enough for them to visit their GP vary from 15-25% (Chamberlain & Malvern 1996:136) to 20-60% (Lyttleton 1990b:5). For a percentage of these women, their 'normal' way of life and work becomes increasingly difficult. Conventional treatment is usually hormone replacement therapy (HRT), which is considered to be effective in treating the symptoms, and may be prescribed for years. Some women find HRT effective, but others experience many distressing effects; some are advised against taking it, or are unwilling to take it. Continuing distress caused by their symptoms prompts many women to seek help from acupuncture. Interestingly, Wadlow & Peringer (1996) show that nearly 30% of all patients presenting to acupuncturists are women aged 40-59.

Literature Search

A search was carried out on the specialist acupuncture database ARRCBASE, using the keywords menop* (to include menopause, menopausal and menopausique); climacteric and climaterique (relevant to French studies): 34 references were retrieved. ARRCBASE is a composite database which has been built up by the Acupuncture Research Resource Centre and it incorporates articles relevant to Chinese medicine and acupuncture from the British Library's AMED (Alternative Medicine Database) and the American Medline databases. Most of the articles retrieved were not trials and were thus excluded from this study. Based on a review of the remaining articles and their citations, we present here the evidence from 5 trials for menopausal symptoms where the primary treatment



was with acupuncture. Of the 5 trials, 3 were uncontrolled outcome studies, and 2 were classified as randomized controlled trials.

Outcome Trials

The three uncontrolled studies examined the effectiveness of acupuncture treatment each for a different symptom associated with the menopause. Between 1980-1986 Di Conchetto (1989) treated 100 patients reporting menopausal hot flushes using Guanyuan Ren-4 with strong stimulation and moxibustion, Quchi LI-11 using electro-acupuncture, and Sanyinjiao SP-6 with acupuncture alone. Patients were treated twice a week for 2-3 weeks, then monthly for a year, then every 2 months or 3 months. Patients were followed for 2 years. There were no formal outcome measures, and it is not stated whether the reduction in symptoms was assessed by the clinician or the patient. However, 20 patients experienced a complete remission of symptoms, 65 experienced a reduction of their symptoms through monthly treatment; 85 patients experienced 'satisfactory' results. Limarti and Ricciarelli (1989) followed 25 patients with climacteric syndromes and varying degrees of anxiety and depression for a year. They were treated with acupuncture and moxibustion using Feishu BL-13, Xinshu BL-15, Ganshu BL-18, Pishu BL-20, Shenshu BL-23, (using oblique insertion) and were manipulated to the point where the patient felt de qi. The points were warmed by moxa sticks or by moxa on the needle. Sessions lasted on average 20 minutes. Patients were treated initially twice a week for 4-6 treatments until their physical state was appreciably better, whereupon they were treated weekly for another 4-6 weeks. Subsequently monthly treatment allowed the maintenance of the results obtained. There were no formal outcome measures: 10 patients experienced total relief from symptoms and were able to stop their medication completely; the remaining 15 recorded a perceptible reduction of physical symptoms and an appreciable improvement more generally, and reduced their intake of sedatives or anti-depressants. This reduction in the need for medication of all the patients in this study suggests that acupuncture treatment has significant potential in the treatment of menopause-related anxiety and depression. Sotte (1989) reported an analysis of the case notes of 300 patients who sought treatment for joint problems associated with menopause: 238 of these patients were followed for 2 years. The acupuncture treatment given was appropriate to the individual, and thus not formulaic, but Guanyuan REN-4, Shenshu BL-23, Zusanli ST-36, Sanyinjiao SP-6 and Taichong LIV-3 were all frequently used. The patients came for treatment twice a week for 3 weeks initially; then weekly for 3 weeks. They continued to have treatments monthly for 6 months, at which point treatment was continued seasonally. 122 (51%) reported complete relief from symptoms; 62 (26.7%) reported a noticeable decrease of their symptoms; 30 (13%) reported a reasonable reduction in their symptoms but a tendency for them to recur without treatment seasonally; 24 (10%) reported little reduction in symptoms, but of those, 11 continued with treatment reporting an increased level of physical well-being. The authors do not give a percentage figure, but state that anxiety and depression associated with joint problems at menopause were resolved completely in nearly all cases.

Controlled Trials

Grille et al (1989) selected 45 menopausal women at random from two hospital clinics (which may suggest that their symptoms were quite severe), and assigned them to one of three groups. 15 were treated with hormone replacement therapy (HRT); 15 with acupuncture (none of whom had been



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taking HRT for 6 months prior to the study), and 5 were not treated.

All of the women complained of troublesome symptoms, in particular hot flushes, sweating, tachycardia, palpitations, anxiety, insomnia and headaches. As basic acupuncture treatment the following point protocol was used: Guanyuan REN-4, Quchi LI-11, Sanyinjiao SP-6, Taixi KID-3, Yinlingquan SP-9, and other points were added as appropriate for the treatment of that individual. A range of blood and urological analyses were also carried out. Treatment with either acupuncture or HRT seemed to result in comparable changes in the levels of hormones (including an increase in the oestrogen oestradiol). Women treated by acupuncture also had increases in other hormones, including the thyroid stimulating hormone TSH, testosterone and cholesterol, compared with other groups. The authors also noted that the effects of the acupuncture treatment wore off, like HRT, and monthly treatment was necessary to maintain therapeutic benefit. Wyon et al (1994) followed 24 healthy women with a natural menopause who had hot flushes. They were randomly assigned to two groups: one group was treated using electro- acupuncture, the other with superficial needling: it is unclear which points were used. Patients were treated twice a week for 2 weeks, then once a week for 6 weeks. The patients kept logbooks to note the frequency of the hot flushes: these showed a decrease in both groups of more than 50%. Outcome measures used include the psychological well-being index, which did not change significantly in either group; self-rated general climacteric symptoms, which showed a significant decrease in the electro-acupuncture group. The Kupperman Menopausal Index (based on Blatt, Wiesbader and Kupperman 1953), which allows women to assess the severity of their own particular symptoms, showed a decrease in scores (and thus severity of symptoms) in both groups.

Discussion

Women seeking acupuncture for relief of symptoms associated with the menopause may suffer from a variety of symptoms that may present in a configuration that is unique to them. One of the strengths of acupuncture is in the tailoring of treatment to that unique individual. However, it also makes for difficulties when designing studies to examine its effectiveness. The reported randomized studies are small, and it would have been useful to have had a fuller discussion of the acupuncture points used in the Wyon study, and of the type of symptom relief in the Grille study. The other studies should more properly be considered as pilot studies to show the potential for further, larger scale work (as intended by their authors). The results of these few studies suggest that acupuncture can be effective in reducing symptoms of hot flushes (Di Conchetti 1989; Grille et al 1989; Wyon et al 1994, and can also be very helpful in treating symptoms of anxiety and depression associated with the menopause (Limarti and Ricciarelli 1989). The study by Grille et al is also of particular interest in that they suggest that acupuncture therapy has a similar effect on hormones circulating in the blood as hormone replacement therapy.

Conclusion

The results of the studies tend to indicate there is benefit in the use of acupuncture in the alleviation of menopausal symptoms, particularly hot flushes and anxiety. The fact that there are so few studies indicates the urgency of planning and carrying out studies that can evaluate its effectiveness.



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