Table des matières

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. Armour 2018

Armour M, Ee CC, Hao J, Wilson TM, Yao SS, Smith CA. Acupuncture and acupressure for premenstrual syndrome. Cochrane Database Syst Rev. 2018;:. [189990].

Background	Acupuncture has a history of traditional use in China for women's health conditions including premenstrual syndrome (PMS), but its effectiveness for this condition remains unclear. This review examined the available evidence supporting the use of acupuncture or acupressure to treat PMS.

Objectives	To evaluate the effectiveness and safety of acupuncture or acupressure for women with PMS or premenstrual dysphoric disorder (PMDD). SEARCH METHODS: We searched the Cochrane Gynaecology and Fertility Specialised Register, Cochrane Central Register of Studies Online (CENTRAL CRSO), MEDLINE, Embase, AMED, PsycINFO, CINAHL (from inception to 21 September 2017), two clinical trial databases (from their inception to 21 September 2017), and four electronic databases in China (from their inception to 15 October 2017): Chinese Biomedical Literature database (CBM), China National Knowledge Infrastructure (CNKI), VIP information/ Chinese Scientific Journals database and WANFANG. Reference lists from included articles were handsearched. SELECTION CRITERIA: We included studies if they randomised women with PMS and associated disorders (PMDD and late luteal phase dysphoric disorder/LPDD) to receive acupuncture or acupressure versus sham, usual care/waiting-list control or pharmaceutical interventions mentioned by the International Society for Premenstrual Disorders (ISPMD). If acupuncture or acupressure were combined with another therapy, these studies were also included where the additional therapy was the same in both groups. Cross-over studies were eligible for inclusion, but only data from the first phase could be used. DATA COLLECTION AND ANALYSIS: Two review authors independently selected the studies, assessed eligible studies for risk of bias, and extracted data from each study. Study authors were contacted for missing information. The quality of the evidence was assessed using GRADE. Our primary outcomes were overall premenstrual symptoms and adverse events. Secondary outcomes included specific PMS symptoms, response rate and quality of life.

Main results	**Five trials (277 women)** were included in this review. No trials compared acupuncture or acupressure versus other active treatments. The number of treatment sessions ranged from seven to 28. The quality of the evidence ranged from low to very low quality, the main limitations being imprecision due to small sample sizes and risk of bias related to detection bias and selective reporting. Acupuncture versus sham acupuncture. Acupuncture may provide a greater reduction in mood-related PMS symptoms (mean difference (MD) -9.03, 95% confidence interval (CI) -10.71 to -7.35, one randomised controlled trial (RCT), n = 67, low-quality evidence) and in physical PMS symptoms (MD -9.11, 95% CI -10.82 to -7.40, one RCT, n = 67, low-quality evidence) than sham acupuncture, as measured by the Daily Record of Severity of Problems scale (DRSP). The evidence suggests that if women have a mood score of 51.91 points with sham acupuncture, their score with acupuncture would be between 10.71 and 7.35 points lower and if women have a physical score of 46.11 points, their score with acupuncture would be between 10.82 and 7.4 points lower. There was insufficient evidence to determine whether there was any difference between the groups in the rate of adverse events (risk ratio (RR) 1.74, 95% CI 0.39 to 7.76, three RCTs, n = 167, I2 = 0%, very low-quality evidence).Specific PMS symptoms were not reported. There may be little or no difference between the groups in response rates. Use of a fixed-effect model suggested a higher response rate in the acupuncture group than in the sham group (RR 2.59, 95% CI 1.71 to 3.92; participants = 100; studies = 2; I2 = 82%), but owing to the high heterogeneity we tested the effect of using a random-effects model, which provided no clear evidence of benefit for acupuncture (RR 4.22, 95% CI 0.45 to 39.88, two RCTs, n = 100, I2 = 82%, very low-quality evidence).Acupuncture may improve quality of life (measured by the WHOQOL-BREF) compared to sham (MD 2.85, 95% CI 1.47 to 4.23, one RCT, n = 67, low-quality evidence).Acupuncture versus no treatment. Due to the very low quality of the evidence, we are uncertain whether acupuncture reduces PMS symptoms compared to a no treatment control (MD -13.60, 95% CI -15.70 to -11.50, one RCT, n = 14).No adverse events were reported in either group. No data were available on specific PMS symptoms, response rate or quality of life outcomes. Acupressure versus sham acupressure. We found low-quality evidence that acupressure may reduce the number of women with moderate to severe PMS symptoms at the end of the trial compared to sham acupressure (RR 0.64 95% CI 0.52 to 0.79, one RCT, n = 90, low-quality evidence). The evidence suggests that if 97 women out of 100 in the sham acupressure group had moderate to severe PMS symptoms, the number of women in the acupressure group with moderate to severe symptoms would be 50 to 76 women. Acupressure may improve both physical (MD 24.3, 95% CI 17.18 to 31.42, one RCT, n = 90, low-quality evidence) and mental (MD 17.17, 95% CI 13.08 to 21.26, one RCT, n = 90, low-quality evidence) quality of life. No data were available on adverse events, specific symptoms or response rates.
Authors' conclusions	The limited evidence available suggests that acupuncture and acupressure may improve both physical and psychological symptoms of PMS when compared to a sham control. There was insufficient evidence to determine whether there was a difference between the groups in rates of adverse events. There is no evidence comparing acupuncture or acupressure versus current ISPMD recommended treatments for PMS such as selective serotonin reuptake inhibitors (SSRIs). Further research is required, using validated outcome measures for PMS, adequate blinding and suitable comparator groups reflecting current best practice.

1.1.3. 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 Médicine 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.

1.1.4. 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. *Objective* To summarise and evaluate the current evidence for acupuncture as a treatment for PMS.
Méthodes	*Search strategy* Ten databases were searched electronically, and relevant reviews were searched by hand through June 2009. *Selection criteria* Our review included randomised controlled trials (RCTs) of women with PMS; these RCTs compared acupuncture with sham acupuncture, medication, or no treatment. *Data collection and analysis* 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

1.1.5. 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 ana/ysis: 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 baselinengs.
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.

1.1.6. 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.

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

1.1.7. 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

1.3. Special Acupuncture Techniques

1.3.1. Comparison of Acupuncture techniques

1.3.1.1. Xie 2026

Xie Y, Zhao J, Fan S, Yang N, Liu H, Guo Y, Feng X, Wang Z, Zhang M, Wang F. Efficacy comparison of different external traditional Chinese medicine therapies as monotherapy or in combination for premenstrual syndrome: a systematic review and network meta-analysis. Front Psychiatry. 2026;17:1720232. https://doi.org/10.3389/fpsyt.2026.1720232

Background	Premenstrual syndrome (PMS) is a common gynecological problem that can seriously impair the quality of life of women of childbearing age. Substantial evidence confirms the efficacy of external Traditional Chinese Medicine (TCM) therapies for PMS, though the optimal intervention remains uncertain.
Objective	This study aims to compare the efficacy and safety of external TCM therapies for PMS using Bayesian network meta-analysis, thereby informing evidence-based clinical decisions.
Methods	We systematically searched eight databases for randomized controlled trials (RCTs) evaluating various external TCM therapies for PMS, with all searches conducted through March 10, 2025. The primary outcome measures were overall effective rate and symptom severity scores. We used Stata 17.0 to perform network meta-analysis and compare the therapeutic effects of different interventions on improving PMS symptoms.
Results	The screening process identified **21 eligible RCTs involving 1,818 patients**. Most studies demonstrated unclear risk of bias due to insufficient selective reporting details, while six studies were rated high risk for inadequate randomization reporting. The NMA results show that in terms of total effective rate, Jianpi-Shugan acupuncture has the highest SUCRA value (95.7), and for symptom and sign scores, ear acupressure ranks first (SUCRA = 71.2).
Conclusion	External treatment methods of traditional Chinese medicine can serve as a complementary or alternative therapy for PMS; Jianpi-Shugan acupuncture can better enhance the overall effective rate in treating PMS, while ear acupressure is more effective in improving symptom and sign scores. Overall, external treatment methods of TCM for PMS are effective and have almost no side effects, but many high-quality studies are still needed to provide more direct evidence.

2. Clinical Practice Guidelines

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

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

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)