Acupuncture, as Practiced in Clinical Settings, May Significantly Improve Menopause-related Symptoms

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When compared with usual care, acupuncture treatments may significantly reduce hot flashes and other vasomotor symptoms and improve some quality-of-life measures associated with menopause. These findings, the results of a year-long NCCIH-funded study, conducted by researchers from Wake Forest School of Medicine and Duke University School of Medicine, were published in the journal Menopause.

The study population included 209 women age 45–60 who had at least four vasomotor symptoms per day and had not had a menstrual period for at least 3 months. The researchers' major goal was to compare true acupuncture to no acupuncture for short- and medium-term clinical effects and for safety (thus, sham acupuncture was not included). The primary outcome was the number and severity of daily vasomotor symptoms. Multiple secondary outcomes pertained to health-related quality of life, such as hot flash interference with daily activities, sleep quality, and mood or memory symptoms.

After initial assessment, each participant was randomized to one of two groups. The first group received individualized acupuncture treatments during the first 6 months and usual care for the second 6 months. In the second group (the control group), that order was switched: they had usual care for the first 6 months and acupuncture for the second 6. Acupuncture care consisted of up to 20 treatments (the specific number was determined by the participant and practitioner); was given by licensed, experienced acupuncturists in a "real world" clinical setting; and included diagnoses from traditional Chinese medicine, a history, a physical examination, and an individualized treatment plan. All participants kept a daily diary on the frequency and severity of their vasomotor symptoms. They underwent study assessments at 2, 4, 6, 9, and 12 months after group assignment.

The researchers found that acupuncture significantly reduced vasomotor symptoms by as much as 36.7 percent and improved several quality-of-life measures, such as hot flash interference, sleep quality, physical symptoms, memory symptoms, and anxiety. All these benefits persisted at least 6 months beyond the end of acupuncture treatment. The researchers also gained insights about "dosing"; they began to see significant benefits after three acupuncture treatments, and they saw maximum clinical benefits after a mean of eight treatments. Three women reported adverse

effects: two reported pain during treatment and a third reported numbness.

The authors offer some cautions when interpreting these results. For example, it isn't clear whether benefits on sleep and other symptoms were directly from acupuncture or from reduced vasomotor symptoms; self-reporting has limitations; and there could be, as in clinical practice, bias from potential confounders. The authors noted that it is possible that some, or even all, of the benefits observed by the participants who received acupuncture relative to those in the control group are attributable to participants' expectation of benefit, or the care and attention they received from the health care providers, or other factors not directly related to the insertion of acupuncture needles. However, the authors conclude that their results ultimately support a significant and persistent benefit of acupuncture on menopausal vasomotor symptoms. Future explorations may include mechanisms and the role of nonspecific effects (such as receiving care and attention from a practitioner) in the observed clinical responses.

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