

Dysmenorrhea

Summary Sheet

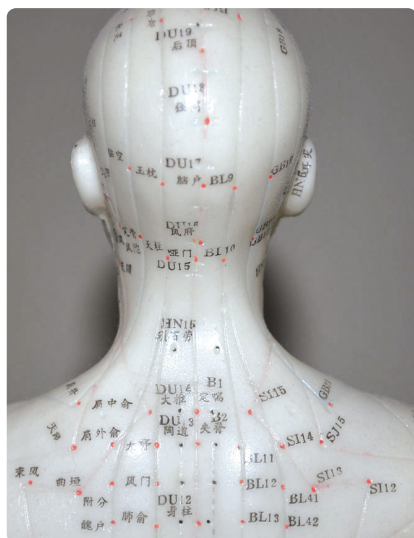
Evidence-Based Assessment of Acupuncture Series

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Dysmenorrhea Overview

This summary will focus on primary dysmenorrhea, i.e. menses-related pain occurring near the initial onset of menstruation in otherwise healthy women.¹ Dysmenorrhea is the most common gynecologic complaint among young adult females, with 15% reporting their pain as severe.^{2,3} Indeed, it is the leading cause of short-term school absenteeism in adolescent girls (incidence of ~25%).^{3,5} Symptoms typically consist of dull or throbbing pain in the lower abdomen that may radiate to the lower back. Additional non-pain related symptoms often include nausea, vomiting, loose stools, sweating and dizziness.¹ The incidence of dysmenorrhea (painful menstruation) ranges from 20-90%.^{1,3} This broad range results from differing assessment strategies. As an example, a U.S. survey of adolescent girls indicated 73% experienced dysmenorrhea, yet only 16% had spoken to a doctor or nurse about their pain.⁶

Complementary and Integrative Health (CIH) therapies such as acupuncture, massage, meditation, and vitamin supplementation are suggested as potentially beneficial treatment options for the treatment of dysmenorrhea by the American College of Obstetricians and Gynecologists⁷ and in current treatment guidelines.⁸



Dysmenorrhea in Traditional Chinese Medicine (TCM)

TCM practitioners view the body in terms of *Qi*-dynamics and use unique and specific terminology. This is best summarized by the axiom “one pattern many diseases, one disease many patterns,” suggesting that identification of the correct pattern (e.g. Kidney *Qi* deficiency) leads to improved patient care through the selection of pattern-specific acupuncture points. According to TCM theory dysmenorrhea corresponds to disease categories of painful periods and abdominal masses. The specific Chinese pattern differentiation of these imbalances is based on the nature and location of the pain (low abdomen vs. low back), underlying internal disharmony or imbalance of the organ *Qi* (e.g. Kidney *Qi* deficiency), and other secondary symptoms (e.g. bowel movements, digestion, and sleep). Generally speaking, patients can expect acupuncture performed both local to the area of pain and distally, with the goal of relaxing the muscles and opening the meridians.¹⁴ In addition to acupuncture, treatments may also include local massage, moxibustion (heat therapy), and home therapies such as topical herbal analgesics.

Findings from the Acupuncture Research

Based on the evidence, acupuncture appears to be cost-effective for the treatment of dysmenorrhea, however the current systematic reviews are conflicting.^{9,10}

- A pragmatic trial (largest to date; n=637) suggests acupuncture is cost-effective as an adjunctive (add-on) therapy to usual care.¹¹
- The most recent review (2018) suggests acupuncture is more effective (short term) than NSAIDs or no treatment.¹⁰
- An earlier review (2016) suggests there is insufficient evidence to determine whether or not acupuncture is effective.⁹

Summary and Commentary

Over thirty clinical trials have assessed the effectiveness of acupuncture for the treatment of primary dysmenorrhea. With the exception of two recent small trials,^{12,13} all have been summarized within the current systematic reviews.^{9,10,14,15} The majority of these reviews highlight the need for larger-scale, high quality research and caution against making definitive conclusions. Current biomedical treatment guidelines suggest NSAIDs as first line therapy for dysmenorrhea.^{1,3,16} It warrants comment that chronic NSAID use has been linked to ~32,000 hospitalizations and ~3,200

deaths per year in the U.S.¹⁷ With this in mind, the conclusions of the large-scale acupuncture trial from Germany, that “acupuncture is cost-effective and should be considered for primary dysmenorrhea,”¹¹ should be strongly encouraged as a safe alternative to NSAIDs. Indeed, the American College of Obstetricians and Gynecologists suggest CIH options such as acupuncture.⁷ Although varying acupuncture treatment protocols have been studied, visit frequencies were similar across the large scale clinical trials; 15 treatments over the course of 3 months.

Scope and Purpose of Evidence-Based Assessment of Acupuncture Project

This project is supported by the Society for Acupuncture Research. It includes a growing library of condition specific assessments and summary sheets on topics such as dysmenorrhea, low back pain, neck pain, etc. Our aim is to evaluate the literature with a focus on systematic reviews and randomized controlled trials. When appropriate, other levels of evidence (e.g. case studies) are also referenced. The goal of the project is to inform policy-makers, clinicians, and the public of trends in the acupuncture literature and to provide expert commentary on the state of this evidence.

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