Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Zhuang 2026 1
1.1.2. He 2025 2
1.1.3. Li 2025 2
1.1.4. Zhao 2021 3
1.1.5. Xiao 2020 4
1.1.6. Di 2019 4
1.1.7. Wang 2018 5
1.1.8. Li 2014 5
1.1.9. Huang 2011 6
1.2. Special Acupuncture Techniques 6
1.2.1. Comparison of Acupuncture techniques 6
1.2.1.1. Chen 2025 6
1.2.1.2. Zheng 2023 7
1.2.2. Combined with traditional Chinese medicine decoction 8
1.2.2.1. Huang 2026 8
2. Clinical Practice Guidelines 9
2.1. American College of Obstetricians & Gynecologists (ACOG, USA) 2026 ⊕ 9

perimenopausal depression

Syndrome anxio-dépressif de la ménopause : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Zhuang 2026

Zhuang J, Zhou Y, Yu G, Cheng H, Chen X, Qian R. Pharmacotherapy, acupoint stimulation, and psychotherapy for perimenopausal women with anxiety, depression, and panic disorder: a systematic review and network meta-analysis of randomized controlled trials. Front Psychiatry. 2026;17:1845876. https://doi.org/10.3389/fpsyt.2026.1845876

Background	Perimenopausal women frequently experience physiological and psychological symptoms, including anxiety, depression, and panic disorders, mainly due to declining ovarian function and hormonal changes. Current options include pharmacotherapy, acupoint stimulation (AcuStim), and psychotherapy (psych), but their comparative efficacy and safety remain controversial.
Objective	This network meta-analysis (NMA) systematically compared pharmacotherapy, AcuStim, and psychotherapy for perimenopausal anxiety, depression, and panic disorder, assessing clinical efficacy, adverse events (AEs), and changes in the Hamilton Depression Rating Scale (HAMD), Hamilton Anxiety Rating Scale (HAMA), Kupperman Index (KI), Self-rating Depression Scale (SDS), Self-rating Anxiety Scale (SAS), Pittsburgh Sleep Quality Index (PSQI), and serum hormone levels.
Methods	We searched PubMed, Embase, Cochrane Library, Web of Science, CNKI, Wanfang, VIP, and SinoMed from inception to June 14, 2026, for randomized controlled trials (RCTs). A Bayesian NMA was performed, and the Surface Under the Cumulative Ranking Curve (SUCRA) was calculated.
Results	The study included 131 RCTs, encompassing 11457 perimenopausal women diagnosed with emotional disorders. These trials evaluated three distinct treatment strategies. The NMA showed that the highest SUCRA probabilities were observed for drug_psych across HAMD (SUCRA = 92.4%), KI (SUCRA = 97.9%), SDS (SUCRA = 94.5%), PSQI (SUCRA = 98.1%), and follicle-stimulating hormone (FSH) (SUCRA = 96.1%) reduction and estradiol (E2) (SUCRA = 0.1%) elevation; for AcuStim_psych (SUCRA = 93.7%) in HAMA reduction; for psych (SUCRA = 98.9%) in SAS reduction; for drug_AcuStim in clinical efficacy (SUCRA = 9.0%) and luteinizing hormone (LH) reduction (SUCRA = 100%); and for control (SUCRA = 65.5%) in safety outcomes. In pharmacotherapy subgroup analyses, antidepressants (ADs)_Traditional Chinese medicine (TCM) ranked highest for HAMD (SUCRA = 87.2%) and safety (SUCRA = 82%), ADs_antipsychotics (AP) (SUCRA = 97.5%) for HAMA, and ADs_hormone replacement therapy (HRT) (SUCRA = 10.2%) for clinical efficacy.

Conclusion	Pharmacological, acupoint stimulation, and psychological interventions each demonstrated therapeutic benefits for perimenopausal women with emotional disorders. Combination therapies generally showed more favorable efficacy across multiple psychological and endocrine outcomes than single-modality interventions, while no single treatment strategy was consistently superior across all outcomes. These findings may provide evidence to support individualized treatment selection according to patients' clinical characteristics and therapeutic goals.

1.1.2. He 2025

He S, Wang Z, Dong S, Diao Y, Qiao H, Lin X, Gao X. Effect of acupuncture on menopausal depressive disorder and serum hormone levels: a systematic review and meta-analysis. Front Psychiatry. 2025 Jul 14;16:1591389. https://doi.org/10.3389/fpsyt.2025.1591389

Background	Menopause, marked by ovarian decline and hormonal shifts, increases vulnerability to depressive disorders, with menopausal depressive disorder (MDD) affecting 33–36% of women via psychosocial–biological interactions. Acupuncture shows promise in improving MDD through neuroendocrine regulation but lacks robust evidence, with unclear links to reproductive hormone modulation; this study evaluates its efficacy and safety.
Methods	A comprehensive database search was conducted using PubMed, Embase, the Cochrane Library, Web of Science, EBSCO, Scopus, CNKI, Wanfang, and VIP Database to identify randomized controlled trials (RCTs) investigating the impact of acupuncture on menopausal depressive disorder. RCTs published until April 21, 2025, that met predetermined inclusion and exclusion criteria were included. Data extraction, literature review, and methodological quality assessment were performed. The meta-analysis was conducted using Review Manager (RevMan) 5.3 software.
Results	Acupuncture significantly outperformed control interventions in improving clinical effectiveness rates (OR = 2.70, 95% CI [1.63, 4.48], P = 0.0001) and reducing depressive symptoms, as evidenced by HAMD-17 (SMD = −0.28, P < 0.0001) and HAMD-24 scores (post-sensitivity SMD = −0.39, P = 0.03). Acupuncture also enhanced quality of life (MENQOL: SMD = −0.25, P = 0.003), though effects on sex hormones (FSH, LH, E2) remained nonsignificant (P > 0.05). Safety profiles were comparable between groups (OR = 0.16, P = 0.05), but sensitivity analysis showed fewer adverse events after excluding outlier studies (OR = 0.49, P = 0.03).
Conclusion	Acupuncture appears to be an effective and safe non-pharmacological intervention for alleviating menopausal depressive symptoms and improving quality of life. While it did not significantly modulate sex hormone levels, its benefits are likely mediated through non-hormonal mechanisms such as neurotransmitter regulation and neuroendocrine network modulation.

1.1.3. Li 2025

Li Y, Xu Y, Yang L, Wu H, Ma X. Acupuncture for mood disorders in perimenopausal women: a meta-analysis of randomized controlled trials. Medicine (Baltimore). 2025 Aug 22;104(34):e43568. https://doi.org/10.1097/MD.0000000000043568

Background	Acupuncture reportedly improves mood disorders in perimenopausal women, but the effect remains controversial. This study aimed to evaluate the efficacy of acupuncture for mood disorders in perimenopausal women.

Methods	Randomized controlled trials on acupuncture for mood disorders in perimenopausal women published up to June 2024 were retrieved from English and Chinese databases (PubMed, Embase, Cochrane Central Register of Controlled Trials, Web of Science, CNKI, Wanfang, VIP, and Chinese Biomedical Literature databases). Risk ratios, standardized mean differences (SMDs), 95% confidence intervals (CIs), and heterogeneity were calculated.
Results	Forty-nine randomized controlled trials were included. Acupuncture was effective for mood disorders in perimenopausal women (risk ratio = 0.13, 95% CI [0.09–0.16], P = .00, I^2 = 34.42%). Pooled analysis showed significant improvement in Hamilton Depression Scale scores (SMD = −0.57, 95% CI [−0.70 to −0.44], P = .00, I^2 = 64.20%). Anxiety measures also improved significantly in Hamilton Anxiety Scale (SMD = −1.11, 95% CI [−1.79 to −0.44], P = .00, I^2 = 91.52%) and Self-Rating Anxiety Scale (SMD = −1.05, 95% CI [−1.87 to −0.23], P = .01, I^2 = 90.87%). Compared with drugs, acupuncture improved Kupperman Index scores (SMD = −0.84, 95% CI [−1.23 to −0.46], P = .00, I^2 = 91.87%) and reduced follicle-stimulating hormone levels (SMD = −0.45, 95% CI [−0.84 to −0.05], P = .03, I^2 = 84.98%). No significant differences were found for luteinizing hormone (SMD = −0.14, 95% CI [−0.32 to 0.04], P = .12, I^2 = 0.00%) or estradiol (SMD = 0.14, 95% CI [−0.46 to 0.74], P = .64, I^2 = 92.69%).
Conclusion	Acupuncture effectively improves depressive and anxiety symptoms, Kupperman Index scores, and FSH levels in perimenopausal women with mood disorders, though its effects on LH and estradiol remain nonsignificant.

1.1.4. Zhao 2021

Zhao FY, Fu QQ, Kennedy GA, Conduit R, Zhang WJ, Zheng Z. Acupuncture as an Independent or Adjuvant Management to Standard Care for Perimenopausal Depression: A Systematic Review and Meta-Analysis. Front Psychiatry. 2021. [219302]. doi

Background	Many women with perimenopausal depression (PMD) have sought alternative therapies such as acupuncture because of concerns about risks associated with antidepressant and hormone replacement therapy (HRT).
Aim	This systematic review aimed to clarify if acupuncture is effective for PMD compared with waitlist control or placebo/sham acupuncture, and if acupuncture alone or combined with standard care (antidepressant and/or HRT) is more effective in ameliorating PMD in comparison with standard care alone.
Methods	Randomized controlled trials (RCTs) of PMD treatment via acupuncture vs. waitlist control or placebo/sham acupuncture, and RCTs of PMD treatment via acupuncture alone or combined with Western pharmacotherapy vs. Western pharmacotherapy were searched for from seven databases from inception to December 2020. Cochrane criteria were followed.
Results	**Twenty-five studies involving 2,213 women** were analyzed. Meta-analyses indicated that acupuncture significantly reduced the global scores of Hamilton Depression Scale (HAMD) [standardized mean difference (SMD) = -0.54, 95% CI (-0.91, -0.16), $p < 0.01$], compared with standard care. The therapeutic effect of acupuncture maintained at 2-, 4-, and 12-week follow-ups. Acupuncture combined with standard care was more effective than standard care alone in decreasing HAMD scores [SMD = -0.82, 95% CI (-1.07, -0.58), $p < 0.01$]. Too few RCTs were available to assess the clinical efficacy differences between acupuncture and placebo/sham acupuncture or HRT alone. Acupuncture also showed better effects in decreasing Kupperman index (KI) scores, whether compared with antidepressant alone [MD = -4.55, 95% CI (-8.46, -0.65), $p = 0.02$] or antidepressant combined with HRT [MD = -0.89, 95% CI (-1.34, -0.43), $p < 0.01$].

Conclusions	In comparison with standard care, acupuncture alone or combined with standard care was associated with significant improvements in PMD and reductions of other menopausal symptoms. This finding suggests that acupuncture may be a useful addition to treatment for PMD.

1.1.5. Xiao 2020

Xiao X, Zhang J, Jin Y, Wang Y, Zhang Q. Effectiveness and Safety of Acupuncture for Perimenopausal Depression: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Evid Based Complement Alternat Med. 2020. [205254]. DOI

Objective	To determine the effectiveness and safety of acupuncture for perimenopausal depression.
Methods	We searched the Cochrane Central Register of Controlled Trials, PubMed, EMBASE, CNKI, VIP Citation Databases, Wan Fang, and online trial registries such as ClinicalTrials.gov for randomized controlled trials (RCTs) assessing the efficacy and safety of acupuncture for perimenopausal depression. Literature screening, data extraction, and determination of the risk of bias were performed by two researchers independently. The extracted data were pooled and meta-analyzed using RevMan5.3 software.
Results	In total, 16 RCTs covering 1311 patients were enrolled. Overall, the results showed that acupuncture was more effective in the treatment of perimenopausal depression than antidepressants (OR = 2.68, 95% CI (1.84, 3.90), P < 0.00001). Furthermore, HAMD scores in the manual acupuncture group and electroacupuncture group were lower than those of antidepressants (manual acupuncture vs. antidepressants (MD = -2.35, 95% CI (-2.93, -1.77), P < 0.00001) and electroacupuncture vs. antidepressants (MD = -1.2, 95% CI (-1.92, -0.48), P=0.001)). Data analysis revealed that the treatment effect of acupuncture was more stable than that of antidepressants (MD = -2.4, 95% CI (-3.37, -1.43), P < 0.00001). Moreover, acupuncture was safer than antidepressants based on the incidence of adverse events (OR = 0.23, 95% CI (0.1, 0.52), P=0.0004). But acupuncture has no effect on estrogen levels (P ≥ 0.05).
Conclusions	Acupuncture for perimenopausal depression is safe and effective. Moreover, it has more stable long-term effects than antidepressants and hormone replacement therapy (HRT). We recommend acupuncture as a clinical treatment of perimenopausal depression.

1.1.6. Di 2019

Di YM, Yang L, Shergis JL, Zhang AL, Li Y, Guo X, Xue CC, Lu C. Clinical evidence of Chinese medicine therapies for depression in women during perimenopause and menopause. Complement Ther Med. 2019. [203239].

Background	Depression is common in women during perimenopause and menopause. Complementary therapies such as acupuncture and Chinese herbal medicine (CHM) are often utilized by these women. However, the efficacy and safety of these treatments have not been systematically evaluated.
Methods	We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs). Nine English and Chinese databases were searched and search terms included perimenopause, menopause, depression, Chinese herbal medicine, acupuncture, RCTs, and their synonyms. Methodological quality was assessed using the Cochrane Risk of Bias Tool.

Results	A total of 18 RCTs were identified (6 CHM, **11 acupuncture related therapies, 1 combination of CHM and acupuncture**). For Hamilton Rating Scale of Depression (HRSD) and Kuppermans Index of Menopause, tuina-massage, combined therapy of CHM plus acupuncture showed significant benefits at end of treatment compared to antidepressants. Either CHM and acupuncture reduced HRSD scores, indicating less severe depression, showing comparable effects to antidepressants.
Conclusion	CHM and acupuncture treatment in perimenopause and menopausal women resulted in reduced severity of depression. Results should be interpreted with caution given the small number of studies included in this review and further RCTs are warranted to validate findings from this review.

1.1.7. Wang 2018

Wang Yingying, Chen Hong, Xue Xiaojing, Xiao Tao, Yang Jinsheng, Yan Pinghui. [Safety and Effectiveness of Acupuncture for Women Emotional Disorders in Perimenopause: A Systematic Review]. Liaoning Journal of Traditional Chinese Medicine. 2018;12:2478-2484. [201750].

Objective	To systematically evaluate the safety and effectiveness of acupuncture for women emotional disorders in perimenopause.
Methods	Through the electronic retrieval from English and Chinese databases, randomized controlled trial (RCT) literature regarding acupuncture treatment of women emotional disorders in perimenopause to October 2016 was collected, and they were screened according to inclusion and exclusion criteria. The included RCTs were extracted and evaluated.
Results	A total of **12 RCTs** were included in the analysis, involving **1045 patients**. Meta-analysis results showed that acupuncture had better effective rate than medicine on women emotional disorders in perimenopause(Z=3.24 P=0.001),and best homogeneity (P=0.53,I2=0%). Acupuncture had better efficacy than medicine on short-term HAMD score (Z=2.81,P=0.005), but long-term HAMD score was equal (Z=0.56,P=0.57), and heterogeneity existed between groups (P=0.11,I2=59.9%). Compared with medicine, acupuncture could significantly improve the Kupperman score of women emotional disorders in perimenopause (Z=6.04,P<0.00001), and heterogeneity existed between groups (P=0.06,I2=72%). Compared with medicine, acupuncture could significantly improve the E2 levels of women emotional disorders in perimenopause (Z=4.26,P<0.0001),and heterogeneity existed between groups (P=0.003,I2=88.4%). Acupuncture had better safety than medicine on women emotional disorders in perimenopause (Z=7.20,P<0.00001) and homogeneity better (P=0.33,I2=13%).
Conclusion	Acupuncture is safe and effective for women emotional disorders in perimenopause, but due to the low method...

1.1.8. Li 2014

Li Zhao-Feng, Wu Qian, Fu Wen-Bin, Chen Jia-Yi. [Systematic review on effectiveness and safety of acupuncture moxibustion for perimenopausal depression]. China Journal of Traditional Chinese Medicine and Pharmacy. 2014;5:1746-175. [186918].

Objective	To evaluate the effectiveness and safety of acupuncture and moxibustion for perimenopausal depression.
Methods	The Chinese Biomedical Literature Database (CBM), the China National Knowledge Infrastructure databases (CNKI), VIP database, Wan-fang data, the China Clinical Trial Register (ChiCTR), PubMed, Embase, and Cochrane Library databases were retrieved.

Results	Totally 15 trials were included. The effectiveness and safety in the acupuncture plus medication group were both more than those in the medication group. All of the studies received a very low-quality score.
Conclusion	There is limited evidence that acupuncture is more effective than medication for perimenopausal depression. However, we have found an important relationship between the methodology of the studies and the results show a necessity of future research.

1.1.9. Huang 2011

Huang Ye-Fei, Fu Wen-Bin,, Wu Tai-Xiang, Zhang Guang-Cai, Su Lin-Rong, Chen Yuan-Fang. [A systematic review on effect and safety of acupuncture for perimenopausal depression]. China Journal of Traditional Chinese Medicine and Pharmacy. 2011;5:908-914,. [186922].

Objective¬¬	To assess the effect and safety of acupuncture in the treatment for perimenopausal depression.
Methods	Randomized controlled trials (RCTs) involving acupuncture for perimenopausal depression were identified from CBM (1979 to 2010), VIP (1979 to 2010), WANFANG Database (1998 to 2010), CNKI (1979 to 2010), PubMed (1966 to 2009), Embase (1980 to 2010), and The Cochrane Library (Issue 4, 2010). We also hand searched relevant journals from library of Guangzhou University of Chinese Medicine. Then assessed the quality according to Cochrane Handbook 5. 0. The Cochrane Collaboration's RevMan 5. 0. 24 software was used for data analyses. 'GRADE profiler' software was making the evidence classification of this system review's evaluation results.
Results	A total of 13 trials involving 1057 patients were included. Meta-analyses showed that the effective rate in the acupuncture combined with western medicine group was higher when compared with western medicine [OR=1. 01, 95%CI (1. 38, 5. 51)]and also the cure rate [OR=2. 91, 95%CI (1. 82, 4. 65)]. As for acupuncture compared with western medicine, no significant difference was noted in effective rate [OR=1. 08, 95%CI (0. 64, 1. 83)], cure rate [OR=1. 04, 95%CI (0. 70, 1. 56)] and the HAMD score at week 2 [WMD=-0. 35, 95%CI (-3. 43, 2. 72)]; at week 4 [WMD=0. 01, 95%CI-1. 96, 1. 98)]; at week 6 [WMD=-0. 19, 95%CI (-2. 57, 2. 18)]. GRADE evidence classification is very low. The incidence of adverse events of acupuncture (1. 5%) was lower than western medicine group (12. 5%)which showed acupuncture relatively safer than western medicine therapy.
Conclusion	Acupuncture was a relative safe method with few adverse reactions. In combination with western medicine, acupuncture in the treatment of perimenopausal depression reducing HAMD rate shown potentially valid tendency, while acupuncture compared to western medicine therapy showed no statistical difference. Further researches were required to define the role of acupuncture in the treatment of perimenopausal depression neurosis.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Chen 2025

Chen L, Wang K, Huang W, Du X. Comparative efficacy of acupuncture-related interventions for perimenopausal depression and anxiety: a systematic review and frequentist meta-analysis. Complement Ther Med. 2025 Sep 22:103250. https://doi.org/10.1016/j.ctim.2025.103250

Background	This study aimed to compare the efficacy and safety of different acupuncture-related interventions for perimenopausal depression and anxiety using a frequentist network meta-analysis, in order to identify the most effective treatment strategies.
Methods	Chinese and international databases were systematically searched for randomized controlled trials evaluating the efficacy and safety of acupuncture for perimenopausal depression and anxiety. Studies were screened and selected based on predefined PICOS criteria. Two reviewers independently performed study selection, data extraction, risk-of-bias assessment, and evaluation of evidence certainty using the CINeMA tool. A frequentist network meta-analysis was conducted with Stata 17.0, using mean differences for continuous outcomes and risk ratios for binary outcomes. Heterogeneity and consistency were assessed, and Surface under the Cumulative Ranking Curve (SUCRA) values were calculated to rank comparative effectiveness.
Results	**Fifty-four randomized controlled trials involving 4,406 participants** were included. Most studies were of moderate quality, with evidence certainty rated low to moderate by CINeMA. Acupuncture-related interventions showed superior efficacy to Western medicine in improving clinical response rates, depressive and anxiety symptoms, menopausal complaints, and hormone levels. For clinical response, manual acupuncture (MA) + Chinese herbal medicine (CHM) (RR = 1.52, 95% CI [1.12–2.08]) and electroacupuncture (EA) + CHM (RR = 1.49, 95% CI [1.05–2.12]) were most effective. For depressive symptoms (HAMD), EA + Western medicine (WM) (MD = −5.04, 95% CI [−6.97 to −3.12]) and MA + CHM (MD = −5.69, 95% CI [−10.47 to −0.92]) achieved the greatest reductions. For anxiety (HAMA), EA alone reduced scores most (MD = −8.40, 95% CI [−14.31 to −2.49]). On the Kupperman Index, MA + WM (MD = −5.37) and MA + CHM (MD = −5.00) were most effective. EA + WM yielded the largest improvement in Self-Rating Depression Scale (SDS) scores (MD = −9.10). Hormonally, MA + WM increased estradiol (E2) levels (MD = 26.25), while EA + WM and MA + CHM lowered follicle-stimulating hormone (FSH) and luteinizing hormone (LH) levels. SUCRA ranking placed EA + WM and MA + CHM consistently among the top treatments across most outcomes.
Conclusion	EA + WM and MA + CHM appear to be among the most effective acupuncture-based interventions for perimenopausal depression and anxiety. However, due to the moderate quality of evidence, further high-quality, multicenter randomized trials are needed to confirm these findings.

1.2.1.2. Zheng 2023

Zheng L, Sun Z, Liu C, Zhang J, Jin Y, Jin H. Acupuncture-adjuvant therapies for treating perimenopausal depression: A network meta-analysis. Medicine (Baltimore). 2023 Aug 18;102(33):e34694. https://doi.org/10.1097/MD.0000000000034694

Background	The issues related to the treatment of perimenopausal depression (PMD) are the side effects of antidepressants and hormone replacement therapy. The aim of this study was to assess the efficiency and safety of acupuncture and moxibustion in PMD patients.
Methods	Databases, namely PubMed, Cochrane Library, Web of Science, EMBASE, CNKI, CBM, VIP, and WanFang, were reviewed for related randomized controlled trials dated between database inception and November 22, 2022. The primary outcomes were the efficacy rate and the Hamilton Depression Scale score. The secondary outcomes were the levels of follicle-stimulating hormone, luteinizing hormone, and estradiol and the Kupperman score. Odds ratios (ORs) were generated as the effect size for dichotomous outcomes, while the standard mean difference (SMD) ± standard deviation was used for continuous outcomes. Matrices were developed to demonstrate pairwise comparisons of regimens related to each endpoint. Utilizing Review Manager (RevMan) 5.3, Stata 16.0 and SPSS 21, data were analyzed.

Results	In total, 27 studies involving 2269 PMD patients and 8 therapeutic measures were incorporated into the network meta-analysis (NMA). The NMA showed that warm acupuncture (OR = 1.55, 95% CI: 1.00-2.44), electroacupuncture (OR = 1.34, 95% CI: 1.00-1.8), abdominal acupuncture (OR = 1.19, 95% CI: 0.73-1.96), and common acupuncture (OR = 1.4, 95% CI: 0.9-2.17) were more effective than fluoxetine + menopausal hormone treatment in the treatment of PMD. The NMA also showed that, based on the Hamilton Depression Scale score, warm acupuncture was more effective than the other 4 acupuncture-related treatments, i.e., electroacupuncture (SMD = -1.22, 95% CI: -2.34 to -0.09), thread embedding (SMD = -1.31, 95% CI: -2.21 to -0.40), abdominal acupuncture (SMD = -1.33, 95% CI: -2.42 to -0.24), and common acupuncture (SMD = -1.46, 95% CI: -2.26 to -0.66). The cumulative ranking probability (SUCRA) showed that warm acupuncture (99.6%) was the best treatment method.
Conclusions	The findings of this network meta-analysis may help patients and therapists choose the best acupuncture therapy for treating perimenopausal depression patients and furnish reliable evidence for guidelines.

1.2.2. Combined with traditional Chinese medicine decoction

1.2.2.1. Huang 2026

Huang W, Zhang L, Fang Z, Dong Y, Wang Z, Gao Z, et al. Treatment of perimenopausal depressive disorder with acupuncture combined with traditional Chinese medicine decoction: A systematic review and meta-analysis. Medicine (Baltimore). 2026;105(17):e48396. https://doi.org/10.1097/MD.0000000000048396

Background	In recent years, an increasing number of randomized controlled trials (RCTs) have investigated acupuncture combined with traditional Chinese medicine (TCM) decoction for the treatment of perimenopausal depressive disorder (PDD). However, high-quality evidence regarding its efficacy and safety remains limited. This study aimed to systematically evaluate the effectiveness and safety of this combined therapy and to identify optimal treatment strategies for PDD.
Methods	RCTs evaluating acupuncture combined with TCM decoction for PDD, published up to April 2021, were systematically searched in China National Knowledge Infrastructure, VIP, Wanfang, PubMed, Web of Science, the Cochrane Library, Sinomed, and Embase. Data were analyzed using Review Manager 5.4 in accordance with the Cochrane Handbook for Systematic Reviews of Interventions (Version 5.1).
Results	A total of **9 studies involving 601 participants** were included. Compared with TCM decoction alone, the combined therapy significantly improved the clinical effective rate (RR = 1.18, 95% confidence interval [CI]: 1.07-1.29), reduced HAMD scores (standardized mean difference [SMD] = -0.87, 95% CI: -1.08–0.65), Kupperman scores (SMD = -0.61, 95% CI: -1.14–0.08), and self-rating depression scale scores (mean difference [MD] = -13.58, 95% CI: -18.67–8.49), and increased estradiol (17β-estradiol) levels (MD = 7.90, 95% CI: 2.90-12.91). Compared with Western medicine, the combined therapy also showed higher clinical effectiveness (RR = 1.16, 95% CI: 1.02-1.33), lower HAMD scores (SMD = -0.54, 95% CI: -0.90–0.17), and higher estradiol (17β-estradiol) levels (MD = 17.47, 95% CI: 10.12-24.82). The incidence of adverse reactions was lower in the combined therapy group (0.3%) than in the control group (3.3%).
Conclusion	Acupuncture combined with TCM decoction appears to be an effective and safe treatment for PDD, showing superior outcomes compared with TCM decoction alone or Western medicine. However, further large-scale, high-quality RCTs are needed to confirm these findings.

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 & Gynecologists (ACOG, USA) 2026 ⊕

American College of Obstetricians & Gynecologists' Committee on Clinical Practice Guidelines–Gynecology. ACOG Clinical Practice Guideline: Management of Menopause-Related Vasomotor, Sleep, and Mood Symptoms. Obstet Gynecol. 2026 Nov 1;148(5):e345-e369. https://doi.org/10.1097/aog.0000000000006428

ACOG suggests acupuncture to reduce VMS (vasomotor symptoms) and improve menopause-related sleep disturbance and mood symptoms (conditional recommendation, low-quality evidence).

Supporting evidence:

- 158. Zhao F, Fu Q, Spencer SJ, Kennedy GA, Conduit R, Zhang W, et al. Acupuncture: a promising approach for comorbid depression and insomnia in perimenopause. Nat Sci Sleep. 2021;13:1823-63. https://doi.org/10.2147/NSS.S332474
- 159. Chiu H, Pan C, Shyu Y, Han B, Tsai P. Effects of acupuncture on menopause-related symptoms and quality of life in women in natural menopause: a meta-analysis of randomized controlled trials. Menopause. 2015;22:234-44. `https://doi.org/10.1097/GME.0000000000000260`
- 160. Dodin S, Blanchet C, Marc I, Ernst E, Wu T, Vaillancourt C, et al. Acupuncture for menopausal hot flushes. Cochrane Database Syst Rev. 2013;(7):CD007410. `https://doi.org/10.1002/14651858.CD007410.pub2`
- 161. Candon M, Nielsen A, Dusek JA. Trends in insurance coverage for acupuncture, 2010-2019. JAMA Netw Open. 2022;5:e2142509. `https://doi.org/10.1001/jamanetworkopen.2021.42509`
- 162. Dong M, Sun Y, Wang X, Yu X, Li H. Efficacy of acupuncture as an adjunctive therapy for perimenopausal insomnia: a systematic review and meta-analysis of randomized controlled trials. Clinics (Sao Paulo). 2025;80:100814. `https://doi.org/10.1016/j.clinsp.2025.100814`
- 163. Xiao X, Zhang J, Jin Y, Wang Y, Zhang Q. Effectiveness and safety of acupuncture for perimenopausal depression: a systematic review and meta-analysis of randomized controlled trials. Evid Based Complement Alternat Med. 2020;2020:5865697. `https://doi.org/10.1155/2020/5865697`
- 164. Chen L, Wang K, Huang W, Du X. Comparative efficacy of acupuncture-related interventions for perimenopausal depression and anxiety: a systematic review and frequentist meta-analysis. Complement Ther Med. 2025;94:103250. `https://doi.org/10.1016/j.ctim.2025.103250`

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Last update: **16 Oct 2026 18:05**