Acupuncture for Menopausal Hot Flashes

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Objective

To assess whether acupuncture is safe and effective for reducing hot flashes and improving the quality of life of menopausal women.

Type of Review

This article is a meta-analysis of 16 randomized, controlled trials (RCTs) with 1,155 participants.

Relevance for Nursing

Hot flashes are the most common symptom related to perimenopause and menopause. Hormone therapy (HT) is considered the most effective treatment for hot flashes. However, studies have reported that HT may have negative health effects, and many women are looking for alternate treatment options. Acupuncture has been suggested to have the potential to reduce the frequency and severity of hot flashes. Nurses play a key role in helping patients choose appropriate treatment options, so nurses should know the effectiveness of acupuncture in reducing hot flashes.

Summary of Key Evidence

Eight studies compared acupuncture versus sham acupuncture. No significant difference was found between the groups for hot flash frequency (mean difference [MD] = –1.13 hot flashes per day, 95% confidence interval [CI] [–2.55, 0.29]), eight RCTs with 414 women, I² = 70%, low-quality evidence), but hot flashes were significantly less severe in the acupuncture group, with a small effect size (standardized MD [SMD] = –0.45, 95% CI [–0.84, –0.05], six RCTs with 297 women, I² = 62%, very low–quality evidence). Both of the outcomes had substantial heterogeneity.

Three studies compared acupuncture versus HT. Acupuncture was associated with significantly more frequent hot flashes than HT (MD = 3.18 hot flashes per day, 95% CI [2.06, 4.29], three RCTs with 114 women, I² = 0%, low-quality evidence). No significant difference was found between the groups for hot flash severity (SMD = 0.53, 95% CI [–0.14, 1.20], two RCTs with 84 women, I² = 57%, low-quality evidence).

One study compared electroacupuncture and relaxation. No significant difference was found between the groups for hot flash frequency (MD = –0.4 hot flashes per day, 95% CI [–2.18, 1.38], one RCT with 38 women, very low–quality evidence) or hot flash severity (MD = 0.2, 95% CI [–0.85, 1.25], one RCT with 38 women, very low–quality evidence).

Best Practice Recommendations

Evidence was insufficient to determine whether acupuncture is an effective...