Complementary Therapies in Menopause

An evidence-based review to inform the update of International Menopause Society recommendations for midlife women

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MENOPAUSE: SCALE OF THE ISSUE

1 Billion+
Women globally in peri/post-menopause

46–52 yrs
Mean age at menopause onset

Up to 50%
Of life spent post-menopause

Symptoms affecting most women:

- Vasomotor: hot flushes & night sweats
- Sleep disturbance & mood changes
- Low libido & genitourinary symptoms
- Increased risk of osteoporosis & cardiometabolic disease

Why complementary therapies?

- 13–65% of women use them
- Limited access to / contraindication for HRT
- Adjunct to conventional care
- Personal preference or cultural tradition

SYSTEMATIC REVIEW: AIM & METHOD

Assess benefits & risks of complementary therapies in peri/post-menopause to achieve optimal health and well-being

POPULATION

Individuals 40+ in perimenopause or postmenopause (including iatrogenic causes)

INTERVENTIONS

Acupuncture, Chinese herbal medicine, nutrient supplements, herbal medicines, mind body therapies: yoga, tai chi, mindfulness, touch therapies eg massage

Excluded: diet and exercise

OUTCOMES

Menopausal symptoms, vasomotor symptoms, genitourinary symptoms, psychological symptoms, bone health, cardiometabolic health, quality of life and adverse events

RESULTS AT A GLANCE

164	114	36	7	1
Total studies	RCTs	Meta-analyses	Systematic reviews	Overview

86 different interventions:

- Acupuncture (17)
- Nutrient supplements (55)
- Herbal medicines (45)
- Chinese herbal medicine (7)
- Mind-body: yoga, tai chi, mindfulness (18)
- Touch therapies: aromatherapy, massage (12)

GRADE evidence ratings used:

- ⊕⊕⊕⊕ HIGH
- ⊕⊕⊕◯ MODERATE
- ⊕⊕◯◯ LOW
- ⊕◯◯◯ VERY LOW
- Grades A–D based on evidence quality, feasibility & balance of benefits & harms

CHINESE HERBAL MEDICINE (CHM)

Menopausal symptoms ⊕⊕⊕◯ MODERATE C

- More effective than sedative-hypnotics (KI: MD −4.92; 5 RCTs, n=537)

Sleep quality ⊕⊕◯◯ LOW C

- More efficacious than sedatives (PSQI: MD −2.18; 20 RCTs, n=1826)

Cardiometabolic ⊕◯◯◯ VERY LOW C

- RCT n=400 Improved BP variability compared to control

Bone health ⊕⊕◯◯ LOW C

- Improved BMD vs placebo (MD 0.05; 13 RCTs, n=1099)

Safety ⊕⊕⊕◯ MODERATE A

- Fewer adverse events than sedatives (RR 0.15; 1 RCT, n=95)

RECOMMENDATION

✓ Consider CHM for menopausal symptoms, sleep quality and BP

✓ Short-term use (≤1 year) appears safe.

✓ CHM may be culturally mainstream for some patients.

✗ Insufficient evidence for QoL and lipids.

KEY HERBAL MEDICINES: EVIDENCE HIGHLIGHTS

Black Cohosh

Improved vasomotor & menopausal symptoms (17 RCTs). 3–6 months isopropanolic extract safe — no hepatotoxicity or endometrial changes.

⊕⊕⊕◯ **MODERATE C – Recommended**

Phytoestrogens / Isoflavones

Soy-derived isoflavones reduced hot flush frequency (16 RCTs) Improved menopausal symptoms 1(2 RCTs). Small effect on bone density (61 RCTs).

⊕⊕◯◯ **LOW C – Consider (soy preferred)**

Pomegranate

Reduced hot flushes & menopausal symptoms (4 RCTs). Improved HDL — no effect on LDL or body weight.

⊕⊕◯◯ **LOW C – Consider for VMS**

Korean Ginseng

Modest improvements in vasomotor symptoms, menopausal scale & QoL (3 RCTs, n=515). Slight systolic BP increase — caution in hypertension.

⊕⊕◯◯ **LOW D – Consider with caution**

Siberian Rhubarb (ERr 731)

Menopausal symptoms improved (MRS MD −15.12; 4 RCTs, n=390) and depressive symptoms. Limited safety evidence.

⊕⊕◯◯ **LOW D – Consider**

Sage

No significant effect on hot flush frequency or severity in meta-analysis (3 RCTs, n=223). Evidence does not support use.

⊕⊕◯◯ **LOW C – NOT recommended for VMS**

ACUPUNCTURE, MIND-BODY & TOUCH THERAPIES

ACUPUNCTURE (n=17)

- Electro-acupuncture reduced vasomotor symptoms vs sham — ⊕⊕◯◯ LOW C
- Acupressure improved QoL, menopausal symptoms ⊕⊕◯◯ LOWC
- Acupuncture + CHM improved menopausal symptoms ⊕⊕◯◯ LOW C
- Improved sleep in insomnia
- ⊕⊕⊕◯ MOD C
- Generally safe and well-tolerated

MIND-BODY: YOGA, TAI CHI, MINDFULNESS

- Yoga improved menopausal symptoms, sleep & mood ⊕⊕◯◯ LOW C
- Tai chi/qi gong: improved bone density, depression & appear safe ⊕⊕◯◯ LOW C
- Mindfulness: reduced stress, anxiety, depression and sleep
- ⊕⊕◯◯ LOW C

TOUCH THERAPIES: MASSAGE, AROMATHERAPY

- Touch therapies and massage: improved vasomotor and menopausal symptoms, QOL, sleep and mood ⊕⊕◯◯ LOW C
- Aromatherapy: insufficient evidence

NUTRIENT SUPPLEMENTS

55 studies — the largest category in this review

Vitamin D

- Reduce fracture risk in osteoporosis, but caution in others due to increased CVD risk ⊕⊕⊕◯ **MODERATE A**
- Reducing hyperglycemia and triglycerides ⊕⊕◯◯ LOW D

Probiotics

- Improve bone mineral density – especially in osteopenia and for >1 year duration ⊕⊕◯◯ **LOW C**
- Benefits for menopausal symptoms, QoL and mood ⊕◯◯◯ **VERY LOW C**

Vitamin E

- Improved vasomotor symptoms, sleep ⊕⊕◯◯ **LOW D**

POOLED NUTRIENTS & HERBS

Significant reduction in menopausal scores (KI, MRS, GCS) vs placebo

⊕⊕◯◯ **LOW D**

- **KI**: (MD -6.8, CI -10.26 to -3.34, 18 RCTs, n=1381)
- **MRS** (MD -4.56, CI -6.90 to -2.21, 10 RCTs, n=894),
- **GCS** (MD -3.14, CI -6.25 to -0.02, 13 RCTs, n=1000)
- **Herbs only**: MRS (MD -1.72, CI -2.39 to -1.04, 5 RCTs, n=541)

EVIDENCE SUMMARY

INTERVENTION	PRIMARY BENEFIT	EVIDENCE GRADE
Vitamin D	Fracture risk reduction	⊕⊕⊕◯ MODERATE A
Black Cohosh	Hot flushes & menopausal symptoms	⊕⊕⊕◯ MODERATE C
Chinese Herbal Medicine	Menopausal symptoms, sleep & BP	⊕⊕⊕◯ MODERATE C
Acupuncture + CHM	Sleep quality (perimenopausal insomnia)	⊕⊕⊕◯ MODERATE C
Isoflavones (soy)	Hot flushes, menopausal symptoms	⊕⊕◯◯ LOW C
Pomegranate	Hot flushes, HDL cholesterol	⊕⊕◯◯ LOW C
Tai Chi / Qi gong	Bone mineral density, depression	⊕⊕◯◯ LOW C
Yoga	Menopausal symptoms, sleep, mood	⊕⊕◯◯ LOW C
Korean Ginseng	QoL & vasomotor symptoms (caution: BP)	⊕⊕◯◯ LOW D
Siberian Rhubarb	Menopausal & depressive symptoms	⊕⊕◯◯ LOW D
Sage	NOT recommended for hot flushes	⊕⊕◯◯ LOW C

THANK YOU

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