Relaxation for perimenopausal and postmenopausal symptoms

15 September 2014

RHL summary

Findings of the review: This review aimed to determine the effectiveness of relaxation techniques as treatment for vasomotor symptoms and associated sleep disturbances in perimenopausal and postmenopausal women. Four studies with 281 participants were included. The overall quality of evidence was very low. No differences in number of hot flushes and hot flush severity were found after treatment with relaxation or acupuncture or superficial needle insertion. The data comparing relaxation with paced respiration or placebo or no treatment was not suitable for analysis.

Implementation: There is insufficient evidence to evaluate the effectiveness of relaxation for perimenopausal or postmenopausal symptoms. Well-designed randomized controlled trials are needed to evaluate the effectiveness of this low-cost intervention.

Cochrane review

Citation: Saensak S, Vutyavanich T, Somboonporn W, Srisurapanont M. Relaxation for perimenopausal and postmenopausal symptoms. Cochrane Database of Systematic Reviews 2014, Issue 7. Art. No.: CD008582. DOI: 10.1002/14651858.CD008582.pub2

Abstract

Since the time of publication of the Women’s Health Initiative (WHI) study, menopausal symptom management has become more complex because of increased awareness of the risks associated with hormone replacement therapy (HRT). Currently, a wide range of management options is available. Some women take prescription drugs, and others use self care strategies, including lifestyle modifications, over-the-counter preparations and complementary and alternative therapies, such as herbal preparations, exercise programmes and relaxation techniques. Relaxation techniques consist of a group of behavioural interventions. They are considered relatively harmless, but their effectiveness in treating vasomotor symptoms and sleep disturbances remains debatable.

To determine the effectiveness of relaxation techniques as treatment for vasomotor symptoms and associated sleep disturbances in perimenopausal and postmenopausal women.

Searches of the following electronic bibliographic databases were performed in February 2014 to identify randomised controlled trials (RCTs): the Cochrane Menstrual Disorders and Subfertility Group Specialised Trials Register; the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE,
AMED, PsycINFO, Social Science Citation Index and CINAHL. Handsearches of trial registers, relevant journals and published conference abstracts were also performed.

RCTs were included if they compared any type of relaxation intervention with no treatment or other treatments (except hormones) for vasomotor symptoms in symptomatic perimenopausal/postmenopausal women.

Two review authors selected studies, assessed quality and extracted data. Included studies were combined, if appropriate, by using a random-effects model to calculate pooled mean differences and 95% confidence intervals.

Four studies were eligible for inclusion (281 participants): Two studies compared relaxation with electroacupuncture or superficial needling, one study compared relaxation with paced respiration or placebo control (?-wave electroencephalographic biofeedback) and one study compared relaxation with no treatment.

No evidence was found of a difference between relaxation and acupuncture or superficial needle insertion in the number of hot flushes per 24 hours (mean difference (MD) 0.05, 95% confidence interval (CI) -1.33 to 1.43, two studies, 72 participants, I2 = 0%; very low-quality evidence). Nor did any evidence suggest a difference between the two interventions in hot flush severity, measured using the Kupperman Index (MD -1.32, 95% CI -5.06 to 2.43, two studies, 72 participants, I2 = 0%; very low-quality evidence).

The other two studies found no clear evidence of a difference in hot flush frequency between relaxation and paced respiration, placebo or no treatment. The data for these comparisons were unsuitable for analysis.

None of these studies reported night sweats, sleep disturbances associated with night sweats or adverse effects as an outcome.

The main limitations of identified evidence were lack of data, imprecision and failure to report study methods in adequate detail.

Evidence is insufficient to show the effectiveness of relaxation techniques as treatment for menopausal vasomotor symptoms, or to determine whether this treatment is more effective than no treatment, placebo, acupuncture, superficial needle insertion or paced respiration.

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