


DETAILS

RELATIONS



BJOG: An International Journal of Obstetrics & Gynaecology

Volume 124, Issue 3

Feb 2017

Pages 345-528, e73-e105

ARTICLE

Management of Premenstrual Syndrome

Green-top Guideline No. 48

[View article page](#)

CITE

Check for updates

© 2016 Royal College of Obstetricians and Gynaecologists

<https://doi.org/10.1111/1471-0528.14260>

ISSN

1470-0328

eISSN

1471-0528

Online

24 January 2017

Pages

e73 - e105








Table 1. (Continued)

| Complementary therapy | Benefit | Types of studies | Numbers in the study | Note |
|------------------------------|--------------|------------------------------------|----------------------------|--|
| Acupuncture ^{64–73} | Some benefit | Case–control | 235 (10 published studies) | High risk of bias. Further data before recommendation. |
| Lemon balm ⁷⁴ | Some benefit | Double-blind Placebo-controlled | 100 (1 published study) | PMS severity quantified by PSST. Further data before recommendation. |
| Curcumin ⁷⁵ | Some benefit | Double-blind Placebo-controlled | 70 (1 published study) | PMS severity quantified by an unvalidated symptom score. Further data before recommendation. |
| Wheat germ ⁷⁶ | Some benefit | Triple-blind Placebo-controlled | 84 (1 published study) | PMS severity quantified by an unvalidated symptom score. Further data before recommendation. |

A systematic review¹⁸ focusing on the use of *Vitex* illustrated that in four out of five discrete placebo-controlled trials and two comparator trials, *Vitex* was superior to placebo, pyridoxine and magnesium in the treatment of PMS. In another study, it appeared comparable to fluoxetine for PMDD.¹⁶ The safety of *Vitex* is described as excellent, with adverse effects being infrequent and mild.^{18,19} Studies have shown a dose dependent treatment response; however, due to the variability in quality and content of preparations a dosage range to treat PMS cannot be recommended.

RCTs including St John’s Wort (*Hypericum perforatum*) show conflicting results. A trial²⁰ including 36 women with mild PMS showed significant improvements in physical and behavioural symptoms but no improvement in mood or pain-related symptoms. Another trial²¹ including 125 women found no evidence of benefit but felt that this may be attributable to low statistical power. St John’s Wort interacts with other medications, in particular it should not be used concurrently with SSRIs and can render low dose

Evidence level I—