DETAILS

RELATIONS



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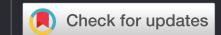
ARTICLE

Management of Premenstrual Syndrome

Green-top Guideline No. 48

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(1)







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 review 18 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



