



Effectiveness of SP6 (Sanyinjiao) acupressure for relief of primary dysmenorrhea symptoms: A systematic review with meta- and sensitivity analyses



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ABSTRACT

We reviewed the available evidence for SP6 (Sanyinjiao) acupressure for the relief of primary dysmenorrhea (PD) symptoms, as well as patients' experiences of this intervention. We searched six relevant databases and gray literature for publications dated up to March 2016. The search yielded 72 potential studies. Six of these studies, contributing a total of 461 participants, were included in this review. The primary outcome was pain intensity. Studies with significant homogeneity were pooled for meta-analysis. Qualitative data and quantitative data not suitable for meta-analysis were presented as a narrative synthesis. The Cochrane criteria demonstrated that the included studies were generally of low quality with a high risk of bias. SP6 acupressure delivered by trained personnel significantly decreased pain intensity immediately after the intervention (effect size = -0.718 ; CI = -0.951 to -0.585 ; $p = 0.000$), and pain relief remained up to 3 h after the intervention (effect size = -0.979 ; CI = -1.296 to 0.662 ; $p = 0.000$). However, patient-administered intervention required multiple monthly cycles to effect pain reduction. SP6 acupressure appears to be effective when delivered by trained personnel for some PD symptoms. Findings suggest that self-administered acupressure shows promise for the alleviation of PD symptoms. High-quality research is needed before conclusive recommendations are proposed.

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1. Introduction

Primary dysmenorrhea (PD) is the most common gynaecological problem reported by women of reproductive age, with more than 84% of these women reporting symptoms [1]. Pain caused by dysmenorrhea leads to a reduction in quality of life, and school or work absenteeism for up to half of those who experience it [2]. It has been suggested that PD is the leading cause of school absenteeism among adolescents [3,4]. Despite the availability of medication to manage this condition, evidence suggests that many women do not get satisfactory relief of symptoms and report several side effects from common medications [5]. Furthermore, given that PD is a condition that recurs throughout the reproductive lives of women, potentially requiring recurrent management, repeated use of medications carries the risk of cumulative adverse effects.

Consequently, there is increasing interest in research into alternative therapies for PD. Acupoint therapy in the form of acupressure is frequently recommended as an alternative treatment for symptoms of PD [6,7,8]. Whereas acupressure targets the same energy meridian as acupuncture, the use of surface application in pressure makes it safer compared to the relatively invasive use of needles in acupuncture. PD usually develops in adolescence and may persist to 40 years of age [9], requiring recurrent management at each menstrual period. Teaching patients a safe acupressure technique for self-management will reduce clinic visits. Therefore, an effective, patient-led acupressure intervention has potential value for the health system. However, self-management has not been a subject of discussion or research among stakeholders in acupressure therapy.

The major challenge in translating evidence from acupressure therapies to clinical practice relating to PD is the difficulty in isolating the importance of the individual acupressure points used in the various studies. The few previous attempts to synthesise evidence through systematic reviews [10,11,12] have mainly focussed on the effectiveness of acupressure generally in treating PD. These reviews failed to report the effects of specific acupoints and the regimens used.

The efficacy of acupressure depends on the acupoints targeted, techniques used and frequency of sessions, among other things. The acupoint of choice in gynaecology is SP6 (Sanyinjiao) [13], located

approximately 4 cm above the medial malleolus, at the posterior border of the medial aspect of the tibia. Chen et al. [14] have published the most comprehensive review to date on the specific effects of the SP6 acupoint in PD, with literature up to 2012 reviewed. Although they posited that SP6 acupressure is effective in relieving dysmenorrhea pain, definitive conclusions could not be drawn from their findings, as the review was limited by the small number of included trials, and their poor quality. In addition, a major limitation to their review was that it did not include quality of life, and other relevant and important health-related outcomes in women with PD.

It is important to review the most recent evidence for SP6 acupressure in PD, particularly which published since Chen et al.'s review, and including important outcomes in addition to pain intensity. Similarly, investigation of patient self-administered SP6 acupressure is warranted to determine if these interventions could be recommended in future clinical practices. This systematic review aims to answer the following questions: 1) What is the effect of SP6 treatment in relieving pain, and in improving quality of life, menstrual distress, anxiety and general health of women with PD – delivered by trained personnel and self-delivered by patients; and 2) What are the experiences and perceptions of women with PD regarding SP6 treatment aimed at relieving their pain and other important dysmenorrhea outcomes?

2. Methods

2.1. Design

A systematic mixed-studies review design with a meta-analysis was planned for this review. However, only randomized, controlled trials (RCTs) and a pre-test post-test study were seen after searches. The protocol for this review was registered with the International Prospective Register of Systematic Reviews (PROSPERO, CRD42016034200).

2.2. Eligibility criteria

Studies were considered for eligibility according to the following criteria.

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