

# INPLASY PROTOCOL

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## Meta-analysis of Acupuncture-Moxibustion for Treatment of Menstrual Migraine

Tian, XL<sup>1</sup>; Bin, CL<sup>2</sup>.

**Review question / Objective:** The purpose of this study is to determine the effectiveness of acupuncture in the treatment of menstrual migraine. P:Menstrual migraine I: Acupuncture C: Non-acupuncture treatment methods O: Effective rate S: RCT.

**Condition being studied:** Menstrual migraine (MM) is a migraine that is closely related to ovarian cyclic changes and is equivalent to "menstrual headache" in Chinese medicine. 2013 Headache Classification Committee of the International Headache Society classified it as a subtype of migraine without aura and divided it into pure menstrual migraine (PMM) and menstrualrelated migraine (MRM) [1]. PMM refers to migraine occurring from 2 d before (-2 d) to 3 d after (+3 d) menstruation, with no headache attacks during the rest of the menstrual period. MRM is defined as the absence of headache attacks during the rest of the menstrual period, in addition to migraines occurring from -2 d to +3 d. Some studies have shown that menstrual migraines account for approximately 65% of female migraineurs [2], and some studies have found that PMM accounts for 3.5% to 21% of female migraineurs and MRM accounts for 35% to 54% [3], which shows the high prevalence of menstrual migraine. Moreover, compared with other types of migraine, this disease is characterized by heavy attacks, long duration and easy recurrence, which greatly affects women's normal life and work and threatens their health. Therefore, it is a common concern and urgent problem for clinical workers to conduct in-depth research and effective treatment of menstrual migraine.

**INPLASY registration number:** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 19 September 2022 and was last updated on 19 September 2022 (registration number INPLASY202290092).

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### Review Stage at time of this

**submission:** Preliminary  
searches.

### Conflicts of interest:

None declared.

## INTRODUCTION

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treatment of menstrual migraine.

P:Menstrual migraine I: Acupuncture C: Non-acupuncture treatment methods O: Effective rate S: RCT.

**Condition being studied:** Menstrual migraine (MM) is a migraine that is closely related to ovarian cyclic changes and is equivalent to "menstrual headache" in Chinese medicine. 2013 Headache Classification Committee of the International Headache Society classified it as a subtype of migraine without aura and divided it into pure menstrual migraine (PMM) and menstrual-related migraine (MRM) [1]. PMM refers to migraine occurring from 2 d before (-2 d) to 3 d after (+3 d) menstruation, with no headache attacks during the rest of the menstrual period. MRM is defined as the absence of headache attacks during the rest of the menstrual period, in addition to migraines occurring from -2 d to +3 d. Some studies have shown that menstrual migraineurs account for approximately 65% of female migraineurs [2], and some studies have found that PMM accounts for 3.5% to 21% of female migraineurs and MRM accounts for 35% to 54% [3], which shows the high prevalence of menstrual migraine. Moreover, compared with other types of migraine, this disease is characterized by heavy attacks, long duration and easy recurrence, which greatly affects women's normal life and work and threatens their health. Therefore, it is a common concern and urgent problem for clinical workers to conduct in-depth research and effective treatment of menstrual migraine.

## METHODS

**Participant or population:** Female patients diagnosed with menstrual migraine and treated with acupuncture.

**Intervention:** Acupuncture Treatment.

**Comparator:** Non-acupuncture treatments.

**Study designs to be included:** RCT.

**Eligibility criteria:** Inclusion criteria: female patients diagnosed with menstrual migraine and treated with acupuncture in the study. Exclusion criteria: treatment group did not contain acupuncture therapy, or acupuncture therapy was an adjunctive

treatment, or the intervention in the control group contained acupuncture therapy.

**Information sources:** We will retrieve the following electronic databases from the built-in until March 2021: Cochrane Library, PubMed, EMBASE, and Web of Science, China National Knowledge Infrastructure (CNKI), Chinese Biomedical Literature Database (CBM), Clinical Trials.gov, Chinese Scientific Journal Database (VIP), and Wan-fang database.

**Main outcome(s):** Total effective rate; Cure rate; Visual analog scale score (VAS); Adverse reaction rate; Recurrence rate; Recurrence frequency.

**Quality assessment / Risk of bias analysis:** Cochrane.

**Strategy of data synthesis:** Strategy of data synthesis. We will use STATA for data synthesis.  $i$ -square > 50% and  $p < 0.1$  is considered heterogeneous, and the presence of heterogeneity selects random effects to combine effect sizes, and the absence of heterogeneity selects fixed effects to combine effect sizes.

**Subgroup analysis:** Subgroup studies according to disease duration = 3 months.

**Sensitivity analysis:** STATA software performs sensitivity analysis to reflect the sensitivity of an article by the change in effect size after removing one of the articles.

**Country(ies) involved:** China.

**Keywords:** Acupuncture treatment; menstrual migraine.; Meta-analysis.

**Contributions of each author:**

Author 1 - TIAN XUELIAN.

Author 2 - BIN CHENGLI.