

**14. Genitourinary Tract Disorders (including Climacteric Disorders)****References**

Matsuo A, Koike K, Hoshina Y, et al. Study of the efficacy of unkeito for depressive and anxiety symptoms during menopause that are refractory to hormone replacement therapy. *Sanfujinka Kampo Kenkyu no Ayumi (Recent Progress of Kampo Medicine in Obstetrics and Gynecology)* 2005; 22: 70-4 (in Japanese). Ichushi Web ID: 2005235338

Koike K. A slight advantage of Kampo treatment for gynecological disease 4: Menopausal depressed mood and the herbal medicine Unkei-to. *Sanfujinka Chiryō (Obstetrical and Gynecological Therapy)* 2006; 92: 784-6 (in Japanese). [MOL](#), [MOL-Lib](#)

**1. Objectives**

To evaluate the usefulness of Kampo medicine for treatment of depressive patients refractory to hormone replacement therapy (HRT).

**2. Design**

Randomized cross-over controlled trial (RCT-cross over).

**3. Setting**

None (the authors belonged to the Department of Obstetrics and Gynecology, Kanazawa University School of Medicine), Japan.

**4. Participants**

Twenty-four depressive outpatients who visited the menopause clinic and were unresponsive to 6 months of HRT.

**5. Intervention**

Arm 1: HRT combined with TSUMURA Unkeito (温経湯) 7.5 g t.i.d. for 6 months. Washout for one month. Then HRT combined with TSUMURA Tokishakuyakusan (当帰芍薬散) 7.5 g t.i.d. for 6 months (n=12).

Arm 2: HRT combined with TSUMURA Tokishakuyakusan (当帰芍薬散) 7.5 g t.i.d. for 6 months. Washout for one month. Then, HRT combined with TSUMURA Unkeito (温経湯) 7.5 g t.i.d. for 6 months (n=12).

Hormone replacement therapy (HRT): Continuous use of transdermal estradiol (1 patch/2 days) and medroxyprogesterone (5 mg/day for 10 days).

**6. Main outcome measures**

Changes in Self-Rating Depression Scale (SDS) and State Trait Anxiety Inventory (STAI) scores after 6-month treatment with the unkeito or tokishakuyakusan combination.

**7. Main results**

In arm 1, SDS depression score was significantly decreased ( $P<0.01$ , testing method not indicated). STAI state and trait anxiety scores were significantly improved ( $P<0.01$ , testing method not indicated).

**8. Conclusions**

HRT + unkeito combination therapy is effective for relief of HRT-refractory depression.

**9. From Kampo medicine perspective**

None.

**10. Safety assessment in the article**

Not mentioned.

**11. Abstractor's comments**

This paper is based on the previously published "Koike K, Ohno S, Takahashi N, et al. Efficacy of the herbal medicine Unkei-to as an adjunctive treatment to hormone replacement therapy for postmenopausal women with depressive symptoms. *Clinical Neuropharmacology* 2004; 27: 157-62." This study demonstrated the efficacy of unkeito for depressive and anxiety symptoms refractory to HRT administered as treatment for climacteric disorders. However, something seems wrong with the definition of "depressive and anxiety symptoms refractory to hormone replacement therapy." Kampo medicine as treatment of depressive and anxiety symptoms would be better assessed in comparison with antidepressants and anxiolytics. In addition, the statement in the text that 3-month oral administration produced an effect lasting 6 months raises the concern that a 1-month washout in the cross-over comparison is sufficient. Future research is expected.

**12. Abstractor and date**

Nakata H, 1 April 2008, 8 April 2009, 1 June 2010, 31 December 2013.