O-076
A pragmatic randomised controlled pilot study of professional kinesiology practice for chronic and recurrent low back pain with initial feasibility study

S Hall, G Leavith, S Brien, P Little
University of Southampton, United Kingdom, sue@britishkinesiology.co.uk

Abstract

Objective: A pilot study to assess the potential of kinesiology as a clinically valuable therapy for chronic and recurrent low back pain (LBP). This study included the design and pilot of a sham kinesiology treatment with credibility analysis.

Study design: A pilot randomised controlled 3 arm trial with feasibility and credibility studies

Setting: Private practice in Surrey, UK

Patients: Patients responded to an advert asking for volunteers for a back pain trial. The study involved 58 with LBP of more than 3 weeks duration and with an episode at least 3 months previously

Outcome measures: The primary outcome measure was the Roland Morris Disability Questionnaire (RMDQ). Secondary outcomes were the SF-36, the Measure Your Medical Outcome Profile (MYMOP), Visual Analogue pain scale (VAS) and The Complementary Medicine Beliefs Inventory (CAMBI). They were completed at baseline, end of treatment and 3 months follow up. The VAS, MYMOP, The Patient Enablement Instrument (PEI), the Consultation and Relational Empathy score (CARE) were completed after each treatment visit. Credibility was measured at treatment 2 and at trial completion.

Results: 95 percent (55/58) of patients completed the trial and were included in the per protocol analysis. There was no difference in credibility between real and sham kinesiology. After adjustments for baseline differences using ANCOVA, real kinesiology was significantly better (RMDQ) than sham kinesiology (p = 0.044, 95% CI -5.773 to -0.083). Both treatments were better than waiting control (p = 0.000) and achieved a clinically important difference of> 2.5 points in RMDQ. Real treatment was clinically and significantly different from sham on MYMOP score (p = 0.017, 95% CI -1.02 to -0.105). Trends towards improvement were found for real treatment on all outcome measures.

Conclusion: This study demonstrated a sham kinesiology is a credible treatment and that it was a clinically helpful therapy for LBP.

Presenter: Sue Hall

---

O-077
The effect of an acupuncture pad on chronic neck and lower back pain and mechanical sensory thresholds - two randomized controlled pilot studies

F Musial, C Holmanna, J Ulrich, R Lauche,
K-E Choi, R Lüdtke, T Rampp, A Michelsen,
G Dobos
University of Duisburg-Essen, Germany,
F.Musial@kliniken-essen-mitte.de

CAM reflex-therapies are supposed to be effective for the treatment of chronic back pain. The so called “Acupressure Pad” consists of more than 1000 plastic needles and is applied by the patients themselves at the painful part of the body. Its proposed mode of action is thought to be similar to acupuncture/acupuncture and related to direct mechanical stimulation of the skin.

Objectives: It was investigated whether a two-week self administration of the acupressure pad in chronic neck pain (NP) and chronic back pain (BP) leads to changes in clinical pain and furthermore, mechanical detection (MDT) and pressure pain (PPT) thresholds.

Methods: 40 patients (46.6±11.6 yrs) suffering from NP and 42 patients (64.5±10.6 yrs) suffering from lower BP (> 3 mo) were randomized to either treatment or waiting list control group. Both studies were carried out independently, however according to the same study protocol: At baseline actual pain rating was recorded on a 0-10 visual analog scale (VAS) followed by testing of vibration detection threshold (VDT), MDT, and PPT at the point of maximal pain, 10 cm next to the pain maximum and two control areas (hand, foot). The treatment group was recommended to apply the acupressure pad daily for at least 30 min over a period of 14 days.

Afterwards the recording of VAS, PPT and MDT was repeated.

Results: Results were similar in both studies. VAS ratings were reduced for the treatment group (NP: p=.008 and BP: p=.001) accompanied by a significant increase in PPT at pain maximum (NP: p=.011 and BP: p=.013) and 10 cm close to the pain maximum (NP: p=.039 and BP: p=.038). There was no effect on PPT at control sites and on VDT and MDT. Conclusion: The acupressure pad reduced not only clinical pain in chronic neck and lower back pain, but furthermore increased mechanical pain thresholds. The results of the psychophysical measures support the hypothesis, that this CAM reflex-therapy exerts part of its effect at a subcortical level.

Presenter: Frauke Musial

---

O-079
The influence of a series of 5 dry cupping treatments on neck pain and mechanical thresholds - a randomized controlled pilot study

R Lauche, H Cramer, T Rampp, F Saha, G Dobos, F Musial
University of Duisburg-Essen, Germany,
R.Lauche@kliniken-essen-mitte.de

Dry cupping has been used since ancient times and received increased attention over the last years. However despite good clinical experience a literature search revealed no RCT on dry cupping and neck pain. To test whether a series of 5 cupping sessions is effective in treating neck pain and changes sensory processing we evaluated pain as well as mechanical thresholds before and after therapy.

Methods: 50 patients with non specific chronic neck pain (mean age 50.5±11.9years) were randomized to treatment group (TG) or waiting list control group (WL). Patients kept a pain diary 7 days prior and during the treatment period. On their 1st appointment both groups rated their pain at rest and in movement on a 0-10 VAS scale, filled out SF36 and neck disability index (NDI). Testing on that day also included determination of mechanical detection threshold (MDT) and pressure pain threshold (PPT) at two pain related and two
control areas. TG then received 5 cup- ping sessions every 3–4 days. 3 days after the last treatment all measures were repeated on the 2nd appointment.

Results: There was a significant decrease in mean pain ratings for TG compared to WL. According to the diary there is a gradual decline in pain reaching its maximum effect after the fifth session. TG also reported significantly less pain related to movement and neck disability. SF-36 revealed improvement for TG in bodily pain, vitality, social functioning and mental health. Sensory testing showed no effects on MDT but a significant increase for PPT in and around the painful area in TG compared to a decreased PPT in WL.

Discussion: A series of 5 treatments of dry cupping is effective in the treatment of chronic neck pain. Besides the improvement of subjective measures we also found decreased mechanical pain sensitivity suggesting that dry cupping can reduce hyperalgesia. Possible functional changes in the pain processing system are hypothesized. Supported by the Karl and Veronica Carstens Foundation.

Presenter: Romy Lachée

O-081

Understanding cancer patients’ pathways of care

M Verhoef, M Koitljan, G Bernsten, L Balnaves, E McKenzie, A Mulkins, M Ackin, S Warber, K Thomas, A Salamonsen, W Weidenhammer, V Fausnæs
University of Calgary, Canada, mverhoef@ucalgary.ca

Purpose: Cancer treatment decision-making is a complex process taking place over time, impacted by a wide range of variables. As little is known about cancer patients’ pathways of care, we aim to 1) develop a patient centered methodology to identify events that constitute a patient pathway after cancer diagnosis, as well as the characteristics of these events, 2) develop a typology of patient pathways, and 3) assess the feasibility of collecting this type and amount of data

Methods: An international cohort of individuals aged 18-75, with a first time diagnosis of stage I-III breast, prostate, or colorectal cancer during the past year, comprises the study sample and is followed for one year. This is a pilot study consisting of an iterative process of data collection and refining data collection and analysis strategies, conducted in Canada, Norway, USA and the UK. Data are collected from medical charts, quantitative questionnaires and qualitative interviews. Monthly telephone interviews assess events that occurred during the past month. The chain of care events (conventional, CAM and self-care) and life events (anything that patients experience and identify as salient to their cancer pathway) will be coded and plotted against time.

Results to date: Thirty participants have been recruited in Canada and the US. A wide range of factors describing and impacting on patient pathways is emerging from the interviews, including socio-demographic, psychosocial, behavioural and clinical factors. Some women begin using terms to describe their pathway. The iterative process is already resulting in more refined and focused data collection and analysis such as recruiting within one year of diagnosis instead of a range from 1 to 5 years, and developing an online monthly data collection process rather than telephone interviews.

Discussion: The interviews confirm the feasibility of the study and the need for a larger study in which we will follow participants for a five year period

Presenter: Marja Verhoef

O-082

Cures, conspiracy, and CAM: Common myths of cancer patients

S Buckman, E Austin, C Lee, J D White
National Cancer Institute/Office of Cancer Complementary and Alternative Medicine, United States, bucknash@mail.nih.gov

Background: Research has shown that between 25% and 80% of cancer patients use complementary and alternative medicine (CAM). Cancer patients routinely turn to the National Cancer Institute (NCI) for credible information. Currently, NCI has a limited number of evidence-based patient education materials available on CAM. Prior to creating new resources, an assessment of cancer patients’ information was conducted.