

assessors as 'acceptable', 'unclear' or 'unacceptable', disparities of opinion being resolved by consensus discussion.

Results: Domain-specific and overall ratings of MV per RCT await the outcome of ongoing consensus discussions. A full set of findings will be presented at conference.

Conclusions: MV data contribute importantly to the appraisal of RCT quality in systematic reviews of homeopathy. Such an approach should be applied in the context of RCTs in Complementary/Alternative Medicine more generally.

Workshop 2, Day 1, 11 Apr

1st Parallel Sessions

15:15–16:15

Logan Hall

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Taking Charge; Choosing a New Direction: a service evaluation of Alexander Technique Lessons for Pain Clinic Patients: An Approach to Pain Management

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Background and Study Aims: Recent evidence from a high quality clinical trial has demonstrated the therapeutic value and effectiveness of Alexander Technique (AT) lessons for chronic back pain (Little et al. 2008), but little is known about the use of Alexander Technique lessons in NHS outpatient pain clinics. The STAT (Society of Teachers of Alexander Technique) approach to AT is an educational and taught approach, where once learned, the service user can apply it in their daily activities, emphasising self-management. The aim of this exploratory mixed methods service evaluation was to explore the role, acceptability and impact of an Alexander Technique service at a hospital out-patient Pain Management Clinic, including service users' (n=43) experiences of the service and the perceived benefits to the NHS.

Methods: Mixed methods were used in the study. To capture changes in health, wellbeing, quality of life status and resource use amongst service users, we administered four validated, widely used questionnaires: the Brief Pain Inventory, the EQ-5D, MYMOP and the Client Service Resource Inventory at three time points. Two independent statisticians analysed the data. For each outcome measure, we calculated mean values at each time point and also the mean change between each pair of time points (baseline and 6 weeks, baseline and 3 months, 6 weeks and 3 months). For all mean values we calculated the associated 95% confidence interval (CI). We also carried out 27 semi-structured telephone interviews with patients, 3 months from baseline. The qualitative data was analysed using a grounded thematic approach.

Results: The findings suggest that the AT teaching service is feasible, acceptable, and beneficial (in terms of improving service users quality of life and improving patient's management of pain). Service users appeared to reduce their pain related NHS costs by half. Changes were found in how service users managed their pain, for example more than half stopped or reduced their medication, and the impact that the pain had on their daily life. This also led to some behavior change and changes to awareness and self-knowledge from the service users.

Conclusions: Over time participants' relationship to their pain may change as a result of Alexander Technique lessons, which may lead to reductions in medication use and other NHS pain related costs.

Workshop 18, Day 2, 12 Apr

3rd Parallel Sessions

14:45–16:15

Logan Hall

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A Pilot Randomized Trial of ChiRunning: The Running Against Prehypertension Trial

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Purpose: Increasing physical activity is a key prescription for many chronic health problems, including hypertension, but implementation poses challenges. Unlike many forms of aerobic exercise, running does not require special equipment or other people, but injury rates are a limitation. ChiWalk/Run is an approach to teaching biomechanically efficient running that uses the mindful movement principles of Tai Chi; it aims to reduce injury rates, but this has not been rigorously tested. We sought to collect feasibility and preliminary efficacy data on Chi-Walk/Run for improving blood pressure (BP), BMI and mood.

Methods: In this 12 week pilot, 22 prehypertensive participants were randomized to either: 1) group-based training with a coach in Chi-Walk/Run (n=10); 2) active control, a group-based training with a coach without running form instruction (n=6); or 3) control, self-directed running with educational materials (n=6). A walk/run approach in which running was increased gradually was used in all three arms. Participants were asked to walk/run at least 3x/week, to keep a daily training diary, to fill out questionnaires at baseline and study completion and have their BP measured at weeks 0, 2, 4, 8 and 12.

Results: Participants were 50% male with a mean age of 55±6.3 years. Of the 22 participants, 18 (82%) completed the study. Cohen's d is reported for between group effect sizes comparing the intervention and the combined controls. The intervention group reported pain affecting their run 131 times per 1000 hours of running vs. 299 times among controls, p =0.22. While there was not a statistically significant change in BP in either group, there was a large effect for systolic (d=1.0) and a medium effect for diastolic (d=0.4) both favoring the control. Neither group had a significant change in BMI, however, there was a large effect favoring the intervention (d=0.9). For psychological outcomes, there was a statistically significant improvement in *self-regulation* in the intervention (p=0.04) favored by a medium effect (d=0.7) and a trend towards improved *positive affect* in the control (p=0.07) also favored by a medium effect (d=0.7).

Conclusions: Increasing physical activity over 12 weeks with Chi-Walk/Running may have a lower incidence of injury and improved ability to regulate psychological distress compared with conventional running instructions. Further research is necessary to evaluate longer-term effects of this intervention on BP, BMI and mood.

Workshop 17, Day 2, 12 Apr

3rd Parallel Sessions

14:45–16:15

Drama Studio

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Neurophysiological effects of *hirudo medicinalis* for the treatment of knee osteoarthritis

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Purpose: Osteoarthritis of the knee (KOA) leads to severe and often debilitating symptoms such as pain, constrained movement, immobility,

and reduced quality of life and the incidence is still increasing. Previous RCT's have shown a significant pain reduction using leeches for the treatment of KOA compared to placebo or standard therapy. The aim of this study was to pilot the effect of *hirudo medicinalis* as treatment KOA on mechanical pain and perception thresholds and clinical pain measures.

Methods: 42 patients (70.4 + 9.8 yrs) with bilateral KOA participated in the case series pilot study (f : m, 2:1; Inpatient vs. Outpatient: 2:1; treated knee: Right: 59,5%, Left: 38,1%). Neurophysiological measures of local pain perception at the knee were subtests obtained from the QST (Quantitative sensory testing) protocol (Rolke et al. 2006): MDT (mechanical detection threshold), VDT (Vibration detection threshold) and PPT (Pressure pain threshold). All QST subtests were obtained at the point of maximum pain (Pmax) and a defined area close to maximum pain (Pclose) and the hand as a control area for systemic treatment effects. Moreover, the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) was obtained before and seven days after therapy in addition to pain measured by a visual analogue scale (VAS, day 0 and day 7). Frequency of taking pain medication from day - 3 until day 7 was also recorded.

Results: MDT at Pclose and Pmax was generally lowered after treatment indicating a better discrimination of mechanical stimuli. The effect was significant (p=.008) for Pmax. There was a general significant treatment effect for VDT resulting in less vibration discrimination for all sites (p<.05), with the exception of the most affected knee. No consistent effects were seen for PPT. Clinical pain improved significantly (WOMAC global, pain, function, and VAS: p<.001). There was no effect on the frequency of pain medication.

Discussion: Treatment of KOA utilising *hirudo medicinalis* induced better perceptual abilities for mechanical sensation at the affected sides. Conclusion: The clinical effects of leeching for KOA were confirmed in this case series and the results allow to hypothesise that leeching can directly improve somatosensory function. Further RCT's directly comparing different interventions for knee arthritis are needed, in order to investigate the specificity of the effect. Supported by the Karl and Veronica Carstens Foundation.

Workshop 2, Day 1, 11 Apr

1st Parallel Sessions

15:15–16:15

Logan Hal

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Health Care Utilisation by Back Pain Sufferers who consult Herbalists: a study from a nationally representative sample of 1,310 Australian women

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Purpose: To examine the prevalence of use of herbalists by back pain sufferers and the association between back pain sufferers who consult herbalists and their consultations with other health care providers.

Methods: A cross-sectional survey from the nationally-representative sample of women aged 60–65 years from the Australian Longitudinal Study on Women's Health (a 20 year cohort study).

Results: The survey was completed by 1,310 women (a response rate of 80.9%) and showed that 7% of the participants consulted a herbalist for their back pain. There was a significant positive association between back pain sufferers' consultations with GPs or pharmacists and herbalists (p<0.05). In contracts, the likelihood of consulting a herbalist decreased for those patients who consulted an orthopaedic surgeon (p<0.05). Back pain sufferers were more likely to consult a herbalist for associated symptoms of neck pain, fatigue or anxiety/tension (p<0.05).

Conclusions: This study identified that consultation with herbalists for back pain occurs alongside conventional and allied health care utilisation by women. There is a need to examine the decision making and information seeking of back pain sufferers in relation to their choices of back pain care.

Workshop 12, Day 2, 12 Apr

1st Parallel Sessions

10:00–11:00

Logan Hall

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Clinical implications of health qigong on patients with chronic diseases

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Background: Qigong (QG) is a form of ancient martial arts and developed based on the Traditional Chinese Medicine (TCM) principles.

Methods: Electronic databases of Medline, Cochrane and Journal@Ovid were searched using the terms “qigong” and “systematic review” of the recent 5 years. Thirteen systematic reviews (SR) were found. This project aims to extract the clinical implications and experiences of using QG in promoting evidence-based practice.

Results: Ng et al. (2012) reviewed QG on pulmonary problems and found that four studies supported QG in reducing dyspnea. Chan et al. (2012) reviewed QG on supportive cancer care of 23 studies. Evidences favored the improvement in quality of life (QOL) and 5-year survival rate in cancer patients. In the SR of QG on fibromyalgia, four RCTs favored improvement in QOL and enhanced energy level of participants. In the SR of QG on cardiac rehabilitation, seven RCTs studies supported the tendency of blood pressure changes and improvement in physical activity levels. These SRs indicated a trend and scarcity of scientific evidence. Therefore, researchers in HK further elucidated the mechanism of QG and its therapeutic effect.

Ng & Tsang (2009) conducted a review of QG on chronic condition, 26 studies supported stress as a pathogenic factor to a number of chronic conditions. Ho et al. (2012) conducted the first RCT to measure the effect of QG on chronic fatigue using biomarkers, i.e. telomerase activity. Significant increase in telomerase activity (p<0.05) was reported, indicating the reciprocal regulation mechanism of QG. QG is postulated to act on the hypothalamic-pituitary-adrenal (HPA) axis to regulate the restoration of homeostasis state in promoting self-healing. Ng et al. (2012) also reported the positive effect of QG in health maintenance of patients with chronic obstructive pulmonary disease (COPD) and found that the treatment effect would fade away 6 months after the program completion if ceased to practice QG. Liu et al. (2012) demonstrated the positive effect of QC on patients with COPD including its improvement on 6-minute walk test and QOL, and decrease the frequency of COPD exacerbation

Conclusion: The above clinical implications supported the use of diagnostic-specified QG type targeted at meridians based on TCM principles. An optimal activity level of at least 3-time a week and 30-minute per session may help to promote health improvement through regulating the meridians and probably the HPA axis.