

treatment plans with the patients. This in turn is impacting on the nature of the patient practitioner relationship, moving from a traditional hierarchical model to an egalitarian approach.

This research suggests that a bottom up patient centred approach is required to shape the education and training for Ayurveda in the UK, as practice needs to be in line with the changes taking place in clinical practice, rather than an approach based solely on the Indian curriculum or the classical texts. A considered approach is required for research as the practice in the UK is no longer standardised, compared to the practice in India.

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Summer School for Integrative Medicine – Are we able to close the gap?

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Background: There is a gap between the medicine we see and the medicine we would like to see. There is a gap between the medical education that we see and the medical education we would like to see.

To provoke change a group of students initiated the Summer School for Integrative Medicine (SSIM) at the University of Witten/Herdecke in Germany in the year 2010. Since then this one-week's course has been taking place once a year and has been extraordinarily successful. It has developed into the largest event of its kind in Europe.

The SSIM wants to broaden the perspective of the participants in the field of complimentary and alternative medicine (CAM) and thus set off a debate about the medicine of the future, which may be an Integrative Medicine. It also opens a platform for self-reflection and the work on personal abilities such as empathy and mindfulness. Finally it wants to cross-link like-minded people and empower them to shape the future according to their visions.

Participants can choose from a large pool of lectures, theoretical and practical workshops and numerous other activities. After all an integrative therapy plan will be delivered to a patient who will be present for the whole duration of the course.

Aim: In general SSIM receives very positive feedback from participants and instructors. With this study we want to find out if there are any measurable benefits and long-term effects of SSIM. We want to answer the question about the impact that SSIM can have on closing the gap.

Methods: We have established an online questionnaire based on KuLM (Planning of Life and Career in Medicine), PSS (Perceived Stress Scale), IRI (Interpersonality Reactivity Index) and GLS (Questionnaire on Health Promotion, Quality of life and Handling of stress at medical school). There are also a few own questions. Results of one group, who are participants of SSIM 2012, will be compared with a matched control group of non-participants. Data will be collected 3 times: before SSIM, 10 weeks and 6 months after SSIM.

Results: There are 136 participants, 68 in each group. First results will be presented on ICCMR 2013 and conclusions will be drawn.

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Mindfulness-based stress reduction for the treatment of fibromyalgia – a systematic review and meta-analysis

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Objectives: Mindfulness-based interventions, such as e.g. MBSR (mindfulness based stress reduction) a structured 8-week group program, have demonstrated beneficial effects in patients suffering from chronic conditions. These effects are strongest on psychological variables and demonstrate an increase in coping abilities due to these interventions. Several trials have been conducted for patients suffering from fibromyalgia with varying results.

Methods: We performed a systematic quantitative review on the effects of mindfulness-based interventions on fibromyalgia. An extensive literature research and identified 233 relevant abstracts, which were assessed for inclusion criteria. We extracted different variables out of included studies in order to perform a quantitative review.

Results: Overall 11 studies fulfilled inclusion criteria, 6 out of them were controlled, and 4 RCTs. Control conditions were either usual care or an active control procedure. The dataset for several different variables was homogenous. In controlled studies we could identify small effect sizes in the range of $d=0.20$ for pain related variables in the range of $d=0.30$ for health related quality of life and in the range of $d=0.20$ for depression.

Conclusions: Overall results show a slight benefit of mindfulness-based intervention compared to controls, which is at the brink of significance. The identified effect sizes are rather small and it can be doubted whether they also reflect a clinical significance.

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Individual differences in intensity and duration of needling sensations – a controlled pilot trial in osteoarthritis patients

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Objectives: Many acupuncturists claim that the deqi or needling sensation is the crucial ingredient of a successful acupuncture but there is very little research regarding the basic characteristics and individual differences in this phenomenon. To examine the intensity and time course of deqi we conducted a blinded and controlled trial.

Methods: A cross-over design was used with 36 patients suffering from osteoarthritis of the knee (OA-k) or the thumb (OA-t). Treatment was for two sessions within 14 days. They received real acupuncture (RA) in one session and were treated with the blunt Streitberger Needle (SN), which is not penetrating the skin in the other session. Patients were blinded to the condition, which was in random order. Only one needle at one acupuncture point (GB34 for OA-k and LI 4 for OA-t) was inserted. One minute after the insertion the needle was manipulated by the acupuncturist for 15s. The patient was then asked to indicate how long sensations elicited by the manipulation were continuing. After a 3 min break the procedure was repeated. Overall the session lasted 30 min in total. At the end of the session patients filled in the Southampton Needling Sensation Questionnaire (SNSQ) describing the intensity of needling sensations on the two factors aching and tingling and the overall painfulness of deqi.

Results: The duration of the needling sensation was longer in RA (mean 57s) than in SN (25s) ($p=.03$). The overall pain at the end of the whole session was stronger in RA (3.4) than in SN (2.4) ($p=.02$). Also the needling sensations reported by the SNSQ was significant different for the two groups ($p = .007$). We could not replicate the partial correlations between the two factors of the SNSQ and the overall pain.

Conclusion: Needling sensations are elicited by both real acupuncture and Streitberger Needle. But the qualities of the sensations are clearly different. A German translation of the SNSQ questionnaire elicited a different correlation pattern and thus demonstrates the difficulties to translate notions describing individual sensations.