BMC Complementary and
Alternative Medicine

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World Congress Integrative Medicine & Health 2017: part two

Berlin, Germany. 3–5 May 2017

Published: 30 June 2017

P44

Expectancy did not predict treatment response in a randomised sham-controlled trial of acupuncture for menopausal hot flushes

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BMC Complementary and Alternative Medicine 2017, **17**(Suppl 1):P44

Background
Evidence on the impact of expectancy on acupuncture treatment response is conflicting. We conducted a secondary analysis of a randomised sham-controlled trial on acupuncture for menopausal hot flushes. We aimed to evaluate whether baseline expectancy is correlated with hot flush score at end-of-treatment, and determine factors associated with baseline treatment expectancy.

Methods
Women experiencing moderate-severe hot flushes were randomised to receive real or sham acupuncture for eight weeks. We measured expectancy using the Credibility and Expectancy Questionnaire immediately after the first treatment, and hot flush score using a seven-day hot flush diary. A complete mediation analysis using linear mixed-effects models with random intercepts was performed, adjusted by baseline hot flush score, to identify associations between independent variables, expectancy levels and hot flush score at end-of-treatment. Because there was no difference between real and sham acupuncture for the primary outcome of hot flush score, both arms were combined in the analysis (n = 285).

Results
Treatment credibility, perceived allocation to real acupuncture or uncertainty about treatment allocation, and previous positive response to acupuncture predicted higher baseline expectancy. There was no evidence for an association between expectancy and hot flush score at end-of-treatment. Hot flush scores at end-of-treatment were 8.1 (95%CI, 3.03 to 13.20; P = 0.002) points lower in regular smokers compared to those who had never smoked.

Conclusion
In our study of acupuncture for menopausal hot flushes, we did not find an association between expectancy levels and treatment outcome. The association between smoking and improvement in hot flushes warrants further exploration.

This trial was registered with the Australia New Zealand Clinical Trials Registry ACTRN12611000393954 on 14/04/2011

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Prevalence and associations for use of Complementary and Alternative Medicine (CAM) among people diagnosed with, or with a family risk for Coronary Heart Disease (CHD) in the 6th Tromsø Study

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BMC Complementary and Alternative Medicine 2017, **17**(Suppl 1):P45

Aim
The aim of this study was to examine prevalence and associations for use of CAM among People diagnosed with, or with a family risk for CHD in the 6th Tromsø Study.

Methods
A total of 12982 men and women (response rate 65.7%) filled in a self-administrated questionnaire with questions about life style and health issues. Eight hundred and thirty of those had been diagnosed with either heart attack and/or angina pectoris while 4830 had a family risk for such disease due to close family members diagnosed with such disease.

Results
CAM use (CAM provider, OTC CAM products and/or CAM techniques) was found in 30.2% of the participants diagnosed with CHD and 35.8% of the participants with family risk of CHD (p < 0.001). Self-rated health, expectations for future health, preventive health beliefs and health behaviour were significant predictors of CAM use for those at risk of CHD. In the CHD patient group only health behaviour and self-rated health were significantly associated with CAM use.

Conclusion
Risk for CHD disease seems to be a stronger predictor for CAM use than the diagnosis of CHD itself.

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Addressing training needs of general practitioners working with cancer patients – trial protocol

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BMC Complementary and Alternative Medicine 2017, **17**(Suppl 1):P46

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Prevention of type 2 diabetes mellitus with the traditional Chinese patent medicine: a systematic review and meta-analysis

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BMC Complementary and Alternative Medicine 2017, **17(Suppl 1):**P131

Aim

To systematically assess the evidence on the effectiveness and safety of traditional Chinese patent medicine (TCPM) on prevention of type 2 diabetes (T2DM).

Methods

Seven electronic databases were searched from their inception to June 2016. Randomized controlled trials that used TCPM as an intervention or co-intervention with lifestyle modification (LM) versus LM alone, in patients with prediabetes were included for analysis. Primary outcome was the incidence of diabetes. Secondary outcomes were the normalization of blood glucose and adverse events (AEs). Data extraction and quality assessment were performed according to the Cochrane review standards. RevMan 5.2 software was applied for data analysis.

Results

Thirty trials with a total of 4239 participants were included. Eleven trials had a Jadad score ≥ 3. Results showed that subjects who received TCPM plus LM were less likely to progress to T2DM compared with LM alone (RR 0.49; 95% CI 0.42 to 0.58). There were also no significant differences in the adverse events in both groups (RR 0.94; 95% CI 0.65 to 1.35). Subjects who received TCPM plus LM were also more likely to have their blood glucose levels return to normal levels compared with LM alone (RR 0.74; 95% CI 0.70 to 0.78). The most frequently used five herbs were Huangqi, Dihuang, Huanglian, Shanyao and Tianhuafen.

Conclusions

In patients with prediabetes, TCPM reduced the risk of progression to T2DM, and increased the possibility of regression towards normoglycaemia, and TCPM was safe to use.

Trial registration number: The PROSPERO registration no. CRD42016046553

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Predictors of arthritis management amongst older Chinese people in a nationally representative survey

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BMC Complementary and Alternative Medicine 2017, **17(Suppl 1):**P132

Aim

To examine the prevalence of arthritis amongst older Chinese population and the predictors of their managements of arthritis.

Methods

This study was conducted as part of the 2013 China Health and Retirement Longitudinal Study, a nationally representative survey focusing upon people over 45-year old. Predictors of each treatment of arthritis were evaluated by multivariable logistic regression, including demographic characteristics, health status, health service utilisation and common co-morbidities.

Results

There are 6404 participants (54.3%) with diagnosed/self-reported arthritis. Amongst these people, 58% are female, 90% are Han ethnic origin, 39% rated their health poor, 79% were covered by the New-Rural-(Residents)-Cooperative-Medical-Scheme and 8% were covered by the Urban-Employees-Medical-Insurance.

Additionally, 67% and 92% of people with arthritis experienced hypertension and diabetes, respectively. Participants who did not treat their arthritis (41.5%) are more likely to be with Urban-Employees-Medical-Insurance (OR = 1.33), have hypertension (OR = 1.97) and/or diabetes (OR = 1.25). Participants who used Western-medicine-only treatment (22.5%) for their arthritis are less likely to be Tibetian ethnic origin (OR = 0.37) and/or with Urban-Employees-Medical-Insurance (OR = 0.64). Participants who used Chinese-herbal-medicine-only treatment (6.7%) for their arthritis are more likely to be Tibetian/Mongol/Miao/Yi ethnic origin (OR = 3.02–7.16) and with poor self-rated health status (OR = 1.44). Only female (OR = 1.43) is the predictor of the Chinese-Western integrative medicine treatment (5.9%) for arthritis.

Conclusions

The prevalence of arthritis is high amongst older Chinese population. However, 42% of these people did not treat their arthritis. Policy-makers should be aware of this important issue and further studies are warranted to determine the cause for older people's choice of each treatment of arthritis.

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Herbal medicines use and healthy lifestyle: a national survey of young Australian women

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BMC Complementary and Alternative Medicine 2017, **17(Suppl 1):**P133

Background

Women who use herbal medicines self-prescribed/prescribed (by naturopaths/herbalists) generally assume they have health lifestyle. Recommendations for a healthy lifestyle are also part of naturopathic treatment. This study aims to examine the associations of herbal medicines use with healthy lifestyle behaviours in young Australian women.

Methods

Women in 1973–1978 cohort (31–36 years, n = 8200) and 1989–1995 cohort (16–25 years, n = 11345) from the Australian Longitudinal Study on Women's Health were asked about their smoking/alcohol status, Marijuana/illicit drug use, physical activity and dietary behaviour in the previous year. Multiple logistic regressions were used to analyse the associations between such health behaviours and their consultations with naturopaths/herbalists and herbal medicines utilisation.

Results

Approximately 9% (1989–1995 cohort) to 12% (1973–1978 cohort) of women consulted naturopaths/herbalists, and 15% (1989–1995 cohort) to 20% (1973–1978 cohort) used herbal medicines at least "sometimes". Small overlaps were found between the consultation and utilisation in both cohorts. Women consulting with naturopaths/herbalists were only associated with non-smoker (OR = 0.61) and vegetarian diet (OR = 1.37) in the 1973–1978 cohort. Women using herbal medicines "often" were more likely to be physically active (1973–1978 cohort: OR = 1.47; 1989–1995 cohort: OR = 1.45), follow a vegetarian diet (1973–1978 cohort: OR = 1.69) and use Marijuana or illicit drugs (1989–1995 cohort: OR = 1.15–1.31).

Conclusions

Herbal medicines use is associated with some healthy lifestyle behaviours (i.e. exercise, vegetarian diet), while it is also associated with the Marijuana and illicit drugs use amongst young women. Further studies are required to investigate the reasons and impact on women's health regarding the concurrent use of drugs and herbal medicines.