

OS08.04

Efficacy of cabbage leaf wraps in treating symptomatic osteoarthritis of the knee – A randomized controlled trial

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Purpose: Osteoarthritis of the knee is one of the most common chronic diseases among older adults. This study aimed to test the efficacy of cabbage leaf wraps for treating symptomatic osteoarthritis.

Methods: Patients with osteoarthritis of the knee stages II-III (Kellgren-Lawrence) were randomly assigned to 4 weeks of cabbage leaf wraps (CLW), topical pain gel (TPG) or usual care (UC). Interventions were to be administered daily. The primary outcome measure was pain intensity (VAS). Secondary outcome included functional disability (WOMAC), quality of life (SF-36), self-efficacy (ASES-D), physical function (30 sec CST), pressure pain sensitivity (PPT), satisfaction and safety.

Results: Eighty one patients were included in this study (42 females, 65.9±10.3years). Overall compliance was very good. After four weeks patients in CLW reported significant less pain compared to UC (difference -12.1; 95%CI: -23.1;- 1.0, p =0.033) but not to TPG (difference -8.6; 95%CI: -21.5;4.4, p=0.190). Significant effects were also found for WOMAC, SF-36, 30sec CST and PPT in CLW compared to UC. Compared to TPG effects in CLW were found for WOMAC after 4 and for quality of life after 12 weeks. Patients were satisfied with both active interventions, and except for two adverse events in both groups the applications were well accepted and tolerated.

Conclusion: Cabbage leaf wraps are more effective for knee osteoarthritis than usual care, but not compared to diclofenac gel. Therefore it can be recommended as a complement to conventional therapy; or even an alternative when drug therapy is contraindicated. Further research into topical herbal medicines for osteoarthritis is warranted.

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A comparative study on the effects of herbal medicine and the combination of herbal medicine and meditation on the relief of dementia symptoms

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Purpose: Mind relaxation programs and medicinal treatments are increasingly being proposed as a way to reduce symptoms of dementia. This research is aimed at analyzing

the synergic effects of medicinal and non- medicinal treatments to find effective treatments of dementia.

Methods: This study employed dementia-related herbal medicine from DongUiBoGam as a medicinal treatment, meditation tool (from Harvard Medical School) as a non-medicinal treatment, and classified them into two groups (medicine and medicine & meditation group). Both herbal medicine and meditation treatment showed positive effects after a certain period, so we analyzed the changes of dementia-related attributes after 1, 2, and 3 months of experimentation. The total number of subjects was 60 (30/30 in each group). It used 4 measurement instruments (BioMed, KDSQ, AMNESIA, VaD) to test the effects on dementia-related attributes. Additionally, a paired sample t- test and ANCOVA were utilized as analysis methods.

Results: After 1 month of experimentation, there was minimal change in dementia-related attributes in the medicine group but a statistically significant improvement in the medicine & meditation group. After 2 months, there was a significant improvement in both groups but the improvement of the medicine & meditation group was higher. After 3 months, there was a rapid improvement in the medicine group. There was a significant difference in the improvement between the two groups after 1 and 2 months but no significant difference after 3 months.

Conclusion: The results shed light onto: (1) the level of improvement when using a combined treatment on the dementia- related attributes in early stages. (2) the slower effects of herbal medicine compared to the meditation treatment. (3) the importance of continual meditation treatment to reduce dementia-related attributes. These findings bolster that a combination of both treatments is much more effective than a single treatment of only herbal medicine.

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OS08.06

Double-dummy double-blind RCT for safety and efficacy of a combination of nasturtium herb and horseradish root in patients with uncomplicated urinary

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Purpose: A combination of nasturtium herb and horseradish root has been licensed and marketed in Germany for many years as anti-infectious agent, e.g. for uncomplicated infections of the urinary tract. It was to be tested as an experimental therapy in comparison to co-trimoxazole as standard therapy.

Methods: Therapies: 4x5 film-coated tablets, each with 200 mg extract from nasturtium herb and 80 mg horseradish root, over 7d (experimental), resp. twice daily 960 mg co-

trimoxazole over 3d and 4d co-trimoxazole placebo as conventional therapy. Corresponding dummy placebos in both groups. Patients of both sexes 18–75y in ambulatory multi-center setting. Primary outcome: responder rates, expressed by reduction for concentrations of bacteria from >105CFU/mL to <103C FU/mL. Secondary outcome: change in specific complaints and change in specific symptom score, duration to freedom from symptoms, safety. Statistical hypothesis of non-inferiority.

Results: 96 patients (90.6% women, median age 38.5y) were randomized (intent-to-treat, ITT), 45(46.9%) to experimental, res p. 51 (53.1%) to conventional therapy. Analysis of full set of data (per protocol, pp) was possible for 22(48.9%), resp. 29(56.9%) patients. Responder rate was 10/22(45.5%) for experimental, resp. 15/29(51.7%) for conventional therapy with a difference of -6.3% (C.I. -33.90% - 21.37%). Median time to freedom from symptoms was 7d(95% C.I.6 - 8d), resp. 4d(95% C.I.4 - 5d). There were 5(11.1%) adverse events in the experimental and 7(13.7%) in the standard group. Causal relation was assumed in 3(6.7%), resp. 5(9.8%) of these, none serious.

Conclusion: There was only a slight difference of responder rates as primary outcome, similar for secondary outcome. Due to frequent violations of the protocol in both groups, pp patients made only slightly more than one half of randomized patients. Correspondingly, the confidence interval of the difference turned out to be rather high and did not meet the biometrical hypothesis of non-inferiority. Safety was slightly better for experimental therapy. In similar future trials, better compliance has to be assured.

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OS09.01

Patient Perceived Expression of Empathy from Chinese Medicine Clinicians in Hong Kong: Does Practice Modality Make a Difference?



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Purpose: The aim of this study was to examine the level of empathy perceived by patients receiving care from three types of Chinese Medicine (CM) practitioners: herbalists, acupuncturists, and massage therapists; and to investigate the factors that influence levels of perceived empathy.

Methods: In this cross-sectional study, 514 patients sampled from charity and semi-public CM clinics in Hong Kong were invited to assess levels of empathy perceived during consultations, using the Chinese Consultation and Relational

Empathy Measure (Chinese CARE). Multiple linear regressions were conducted to evaluate the associations between perceived levels of empathy and (i) type of CM practitioner consulted, and (ii) patients' demographic and health characteristics.

Results: The average Chinese CARE total score rated by patients consulting CM practitioners was 34.3, out of a maximum of 50. Multivariate linear regression results suggested that, after adjusting for patients' health and demographic background, acupuncturists received the highest ratings while massage therapists scored the lowest among the three modalities. Patients receiving social benefits, those with longer waiting time and those with shorter consultation duration rated significantly lower in Chinese CARE.

Conclusion: The level of empathy perceived by patients using CM is similar to results found in conventional care, in contrast to observations from international literature, where a high level of perceived empathy is a major motivator for patients to choose complementary medicine. Better ratings among acupuncturists could be attributed to their higher attention to communication prior to needle insertion, whereas such practice is not often emphasized among CM massage therapists. Education in communication skills could be included as part of continual professional development requirements for CM practitioners.

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OS09.02

An IM decision matrix to guide the integration of traditional and complementary medicines when there is insufficient scientific evidence



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Purpose: The ongoing use of traditional and complementary medicine (T&CM), coupled with a paucity of scientific evidence, poses ongoing challenges for health policy makers, health services seeking to provide integrative medicine (IM) and those developing IM clinical guidelines. Often the only recommendations are to discuss T&CM use with patients or to undertake more research. Given that many T&CM are already in use, clearer more specific recommendations are needed even when there is insufficient scientific evidence to make a strong recommendation.

Methods: National and international guidelines on the development and evaluation of healthcare guidelines were identified and appraised. The aim was to build on these to develop a framework that would enable a comprehensive, systematic assessment of a T&CM intervention and determine whether and under what circumstances it may be integrated into pre-existing health services.

Results: The level and quality of evidence about safety, efficacy, effectiveness and economic value are not the only types of information needed to determine whether a T&CM intervention should be integrated with conventional healthcare.