group, model+EA group, and model+fluoxetine group. Use biotin-labeled protein chip technology to detect the protein expression of TGF-β3, FS L-1 and IL-1β of hippocampus.

Results: Compared to the control group, the protein expression of TGF-β3 in the model group were down-regulated (fold change: 0.48), FS L-1 and IL-1β were up-regulated (fold change: 1.27; 1.57). Compared to the model group, the protein expression of TGF-β3 were up-regulating in the model+EA group (fold change=1.61) and the model+fluoxetine group (fold change=1.60), while the protein expression of FS L-1 and IL-1β were both down-regulating in the model+EA group (fold change=0.75; 0.60) and the model+fluoxetine group (fold change=0.67; 0.54).

Conclusion: The results showed that EA improved significantly dysfunction of hippocampus by facilitating hippocampal neuron differentiation and preventing them apoptosis and inflammation, which was as effective as fluoxetine. Consequently, EA is a useful antidepressant treatment for depression model rats.

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OS06.02

Clinical trials on herbal remedies in children: a systematic review
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Purpose: Herbal remedies are very popular for self-medication in minor diseases, also in children. However, in Germany, the use of most herbal remedies not authorized for this group, due to missing data on safety and efficacy. A systematic overview on clinical trials with herbal remedies children does not exist so far.

Methods: A systematic search in medicinal databases on herbal remedies in clinical trials with children was performed, and a database structured in 5 main categories (countries, study design, age of the participants, indications, medicinal herbal drugs) was established.

Results: Altogether 133 clinical trials with herbal remedies in children were identified; 63% were conducted in only 5 countries (China (n=37), Germany (n=19), USA (n=12), Russia (n=12) and Great Britain (n=4)). 67.7% of the trials were randomized, 32.2% double-blind. They were performed most often in the age cohort 6-12 years (39.0%). Main indications were: respiratory (n=26), gastro-intestinal (n=18) or neuropsychiatric diseases (n=18) and skin problems (n=11). A large variety of herbal drugs was tested, only with Hedera helix, Pelargonium sidoides, and Vaccinium macrocarpon more than 3 trials had been conducted.

Conclusion: In children until now efficacy and safety could be demonstrated only for a few herbal remedies. The results of the review however confirm longstanding empirical knowledge. As herbal remedies are often used because of their assumed high potential of safety compared to synthetic drugs, their efficacy should be proven in clinical trials in order to allow their broader application in this sensitive age-group.

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Which Chinese herbal medicine formula performs best when used with salmeterol for chronic obstructive pulmonary disease? Network meta-analysis
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Purpose: Chinese herbal medicine (CHM) is often prescribed as an adjunct to guideline recommended bronchodilator in the management of chronic obstructive pulmonary disease (COPD). We performed a systematic review and network meta-analysis (NMA) to evaluate the comparative effectiveness of CHM plus bronchodilators, versus bronchodilators alone.

Methods: Fifteen randomized controlled trials with moderate risk of bias were included.

Results: Results from meta-analyses indicated favorable, clinically relevant benefit of CHM plus salmeterol on changes in FEV1 (7 studies, pooled weighted mean differences (WMD) = 0.20 L, 95% confidence interval (CI): 0.06 to 0.34 L), changes in the St George’s Respiratory Questionnaire scoring (SGRQ) (5 studies, pooled WMD = -4.99, 95% CI: -7.73 to -2.24). Improvement on the 6-Minute Walk Test (3 studies, pooled WMD = 32.8 meters, 95% CI: 18.3 to 47.4 meters) was also observed but the magnitude of effect was clinically insignificant.

Conclusion: Results from NMA showed no differences on the comparative effectiveness among CHM formulations for improving FEV1. For SGRQ, NMA suggested that...