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 >10^5CFU/mL to <10^3 CFU/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, resp. 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.1.4 – 5d). There were 5(11.1%) adverse events in the experimental, resp. 15/29(51.7%) for conventional therapy. Statistical hypothesis of non-inferiority was slightly 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.

**Contact:** Rainer Stange, r.stange@immanuel.de

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**OS09.01**

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

Vincent Chung1, Benjamin Yip2, Ellen Yu2, Siya Liu2, Regina Sit1, Albert Leung3, Justin Wu4, Samuel Wong1

1 Hong Kong Institute of Integrative Medicine
2 JC School of Public Health & Primary Care (CUHK)
3 School of Chinese Medicine, The Chinese University of Hong Kong (CUHK)
4 Hong Kong Institute of Integrative Medicine, The Chinese University of Hong Kong (CUHK)

**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.

**Contact:** Vincent Chung, vchung@cuhk.edu.hk

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

Jennifer Hunter, Alan Bensoussan

National Institute of Complementary Medicine, University of Western Sydney

**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 IM 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.
Other factors such as burden of disease, magnitude of effect, current use, demand, equity and ease of integration must also be considered. Although less information was available about how to make explicit recommendations when there is insufficient evidence, the existing guidelines were adequate to develop a decision matrix for use in the IM setting.

**Conclusion:** The proposed IM decision matrix facilitates the direct comparison of otherwise diverse therapies, often using different research methods of variable quality to support their use. It offers pragmatic solutions for making specific recommendations about how best to integrate a T&CM intervention even when there is insufficient scientific evidence.

**Contact:** Jennifer Hunter, jennifer.hunter@uws.edu.au

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**OS09.03**

**An integrative medicine approach to the treatment of osteoporosis**

David Sibbritt

University of Technology Sydney

**Purpose:** To examine the use of self-prescribed CAM, consultations with CAM practitioners, and consultation with conventional health care practitioner by a nationally-representative sample of Australian women who have been diagnosed with osteoporosis.

**Methods:** This research was conducted as part of the Australian Longitudinal Survey of Women’s Health (ALSWH) which was designed to investigate multiple factors affecting the health and wellbeing of women over a 20-year period. Women were randomly selected from the national Medicare database. The baseline survey of 14099 women aged 45-50 years was conducted in 1996. Analyses for this research are restricted to the most recent survey, conducted in 2013, when the women were aged 62-67 years. The SF-36 quality of life instrument was used to measure physical and mental health.

**Results:** There were 841 (9.3%) women who had been diagnosed or treated for osteoporosis. Women with osteoporosis were more likely to consult with a general practitioner, specialist, physiotherapist, counsellor, and/or nurse. In addition, they were also more likely to consult with a naturopath and/or an osteopath, as well as regularly consume vitamins/minerals (p<0.005). However, there was no statistically significant association between having osteoporosis and consulting with a dietitian, massage therapist, chiropactor, and/or acupuncturist, or using yoga/meditation, herbal medicines, Chinese medicine, and/or aromatherapy oils. Women with osteoporosis who consulted with a conventional healthcare practitioner had significantly worse physical and mental health (p<0.005). Women with osteoporosis who used CAM showed no difference in physical and mental health to those who did not use CAM.

**Conclusion:** Women with osteoporosis utilise both conventional and CAM treatments, but appear to be discerning in their choice of modalities utilised. Further research is required to better understand the reasons why women with osteoporosis are consulting a range of conventional and CAM health care providers.

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**Challenges associated with developing research capacity amongst complementary medicine (CM) practitioners: a case study from a CM higher education ins**

Amie Steel1, Helene Diezel1, Jon Adams2, David Sibbritt2

1 Endeavour College of Natural Health
2 ARCCIM, University of Technology Sydney

**Purpose:** Background: Contemporary higher education institutions are required to show a commitment to scholarship and the advancement of new knowledge through research within their faculty. In fields where training has historically been underpinned by a focus on technical skills, such as complementary medicine, meeting these requirements requires developing research capacity within a faculty which is highly skilled as practitioners and educators but may have limited skills in research.

**Methods:** Methods: Secondary analysis of an internal organisational climate survey involving the faculty (n=389) of a leading complementary medicine higher education provider in Australia which examined attitudes towards research and experience with a range of research activities.

**Results:** Results: The majority of participants (n=202, response rate 51.9%) identified research as being important to their profession (89.5%) and to their personal goals (86.0%), and that it was important to have clinically-trained researchers (83.1%). However, only 16.5% had published in a peer-reviewed journal despite 70% reporting having designed, conducted and completed some original research. Nearly 1 in 5 participants identified having no interest in undertaking a research higher degree. Participants were more likely to be interested in pursuing a higher degree by research if they had experience with journal publications or research projects.

**Conclusion:** Conclusion: The advancement of new knowledge and the sustainability of the professions of complementary medicine will rely on faculty in academic departments of higher education institutions to undertake meaningful and relevant research. For this to be achieved some challenges towards developing research capacity will need to be addressed. A number of solutions to overcome the difference between interest and capacity will be proposed.

**Contact:** Amie Steel, amie.steel@endeavour.edu.au

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