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ABSTRACTS

Developing Research Strategies: the challenge & the RCT

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This was our third 'Developing Research Strategies' conference at the University of Southampton. Once again, the meeting provided many young researchers an opportunity to present and discuss their research for the very first time. The aim of the oral presentations was to focus on those projects that were unfinished. They were either in protocol development and would therefore benefit from informed discussion, or were in progress with a number of issues and important lessons from which other researchers might learn. The aim of these conferences is to focus on development and creating capacity in a non-judgemental, supported environment. Ultimately, every academic department in which there are CAM researchers should be able to provide this level of support, but because so many of us work in isolation, the Southampton conference will continue to have a role to play until an adequate and supportive research infrastructure emerges within the UK University system. It is becoming increasingly apparent that Complementary Medicine is that rare bird, a patient-initiated revolution. As such it presents a major challenge to conventional bio-science and the hegemony of the conventional medical research environment. Patients

keep telling us they are getting better, they keep seeking complementary therapies, even for terminal illness such as cancer and they keep going back. We just don't seem to be able to prove that it works in a conventional medical context. The tone of the day was set by Professor Paul Dieppe, who gave us great encouragement and confidence to challenge conventional research methodology, in particular the randomised clinical trial. The very valid point that he made was that patients were not seeking efficacy, they probably didn't really even understand what it meant! They were, however, looking for individualised approaches and for a 'realistic' view of medicine in their search for well-being. Perhaps it's the illness models used by homeopaths and traditional Chinese acupuncturists and the therapeutic intent of the CAM practitioner, which are the keys to CAM's success? These could be a central, but very under-investigated, process that may provide the keys to the perceived therapeutic success of many different CAM treatments. David Peters introduced us to action research in practice and how this might focus and improve the integration of CAM into conventional primary care, much valuable experience from Marylebone. All presenters provided an outline of their projects, which was followed by discussion. This enabled an excellent and very free-flowing forum chaired by Professor Hyland, Professor Robinson and Dr Janet Richardson. The proceedings present summaries of the keynote speeches, oral presentation and posters. We hope that this will give some sense and 'atmosphere' of the conference itself. The presentations themselves included literature searches and reviews evaluating how CAM may be used in cancer to more specific randomised studies addressing the efficacy of acupuncture versus a placebo/control.

Qualitative work was very much on the agenda, as was sharing the experiences of dealing with ethics committees and the practical problems of running studies in busy clinical environments. Not only was there considerable discussion about 'which questions to ask', but much practical advice as to how to address them. I would personally like to thank everybody who attended the conference and contributed including the session chairs. I would also particularly like to thank the Research Council for Complementary Medicine and Elsevier for sponsoring the conference. I can assure all those interested we plan to run the meeting again next year at the end of April 2005. Anyone interested please contact us at compmed@soton.ac.uk.

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The effectiveness of acupuncture for non-specific low back pain—a randomised, double-blind, placebo controlled trial with 3-month follow-up

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Design: A randomised, patient and assessor blinded, placebo controlled trial.

Subjects: The sample size will be decided by making a power calculation from a pilot study. Patients included in the main RCT trial will be those between the ages of 18 and 70 years of both genders, suffering from non-specific LBP with or without leg pain, and with normal neurologic examination results.

Methods: Patients will be randomised into two groups with a computer-generated schedule. The relatively novel Park Sham Device (PSD) will be examined for reliability and used as the placebo instrument, which has been shown to be both inactive and indistinguishable from true acupuncture in the treatment of stroke patients.¹ Points and treatment strategies used for the credibility, pilot and main RCT studies will be chosen on the basis of systematic review of previous RCTs, case studies, text book surveys and expert opinions.

Outcome measures: All patients will be assessed by an independent investigator at baseline, end of treatment and 3-month follow-up. At least four outcome measures will be used: generic

health status, pain, functional disability and LBP recurrence.

Reference

1. Park J, White A, Stevinson C, Ernst E, James M. Validating a new non-penetrating sham acupuncture device: two randomised controlled trials. *Acupuncture Med* 2002;20(4):168–74.

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Why do people use complementary medicine? Associations with treatment and illness beliefs in an online questionnaire study

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Aim: The aim of this study was to explore the associations between both treatment and illness beliefs and complementary medicine in order to generate hypotheses for future research.

Methods: An online questionnaire study was conducted. Previously validated questionnaire measures of treatment beliefs (e.g. beliefs in holistic health), illness beliefs (e.g. beliefs about the causes of illness), and complementary medicine use were presented and advertised online.

Results: Completed questionnaires were received from 247 participants. Logistic regression analysis showed that demographic characteristics, treatment beliefs and illness beliefs can account for approximately 36% of the variance in complementary medicine use ($\chi^2(25) = 75.33, p < .01$). Knowing other people who use complementary medicine and holding strong beliefs in holistic health are consistently associated with the use of complementary medicine (for knowing others OR = 2.6, 95% CI = 1.1, 6.2; for holistic health OR = 1.1, 95% CI = 1.1, 1.2). Separate analyses were conducted to predict use of different types of complementary medicine. The results suggested that the strength of associations between beliefs and complementary medicine use is related to the type of complementary medicine used.