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MEETING ABSTRACTS

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P44

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

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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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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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Question

Is a mobile-based mindfulness intervention feasible and accepted among cancer patients undergoing chemotherapy and their primary caregivers?

Methods

Eight-week single-arm pilot trial within Kaiser Permanente, Northern California oncology clinics. Participants were cancer patients with ≥8 weeks of remaining chemotherapy and their primary unpaid caregivers, where neither had a regular meditation practice. Participants were given access to a commercially available mindfulness program, HeadspaceTM, via smartphone application or home computer, and were asked to listen to meditation instruction for 10–20 minutes daily, for 8 weeks. Data on depression, anxiety, sleep, fatigue, quality of life, caregiver burden, and satisfaction with care were collected at baseline, at 4 weeks and following the intervention. Paired t-tests were used to assess before-after changes.

Results

28 patients (median age 65.5y; female 71%) and 15 caregivers (median age 61y; female 60%) were enrolled. Among them, 19 patients (68%) and 9 caregivers (60%) completed the study. Of these, 71% practiced meditation >50% of the days; 39% practiced >70% of the days. Participants experienced significant reduction in levels of depression (p = 0.009) and anxiety (p = 0.003), improvement in physical (p = 0.005) and mental domains of quality of life (p = 0.0001), sleep quality (p = 0.03), and fatigue (p = 0.02). In qualitative interviews, participants reported feeling more relaxed, positive, and resilient, sleeping better, and having less pain.

Conclusions

This pilot trial of a mobile-app/online mindfulness program shows promise in reducing anxiety and depression and improving quality of life among cancer patients and caregivers unable to attend traditional in-person classes. Larger, randomized studies could fully assess efficacy.

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Using a cluster-analytic approach to identify profiles and predictors of healthcare utilization typical users across conventional, allied and complementary medicine and self-care

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Introduction

Cluster analytic techniques can identify health care utilization patterns, and define typologies of consumers and their specific characteristics based on the similarity of their behaviour. This study aims to examine health care utilization patterns using a cluster analytic approach; and the associations of health care user types with sociodemographic, health-related and health-system related factors.

Methods

Cross-sectional data from the 2012 National Health Interview Survey were used (n = 32,017). Twelve-month self-reported health care utilization behaviours were assessed across a variety of medical, allied and complementary healthcare modalities including self-care interventions (exercise, diet, supplementation etc.). A model-based clustering based on finite normal mixture modelling, and several indices of cluster fit were determined. Health care utilization within the cluster was described descriptively, and independent predictors of belonging in the respective clusters were analysed using logistic regression models including sociodemographic, health- and health insurance-related factors.

Results

A 9-cluster solution describing 9 different health care user types, from nearly non-use of health care modalities, to over-utilization of medical, allied and complementary health care including self-care

was found. Several sociodemographic and health-related characteristics were associated with cluster membership, including age and gender, health status, education, income, ethnic origin, and health care coverage.

Conclusions

Cluster analysis can be used to identify typical health care utilization patterns based on empirical data, and those typologies are related to a variety of sociodemographic and health-related characteristics. Those findings may provide information for future health research and policy.

P100

Is the use of yoga and meditation associated with a healthy lifestyle? Results of a national cross-sectional survey of 28,695 Australian women

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Background

Rooted in Indian philosophical, spiritual, and health practice yoga has become a popular avenue to promote physical and mental well-being. Traditionally yoga not only consists of physical exercises, but incorporates advice for an ethical and healthy lifestyle. This study aimed to examine the relationship between yoga/meditation practice and health behavior in three age cohorts of Australian women.

Methods

Women aged 19–25 years, 31–36 years, and 62–67 years from the Australian Longitudinal Study on Womens Health (ALSWH) were surveyed regarding smoking, alcohol or drug use, physical activity and dietary behavior; and whether they practiced yoga/meditation on a regular basis. Associations of those health behaviors with yoga/meditation practice were analyzed using multiple logistic regression modelling.

Results

11344, 8200, and 9151 women aged 19–25 years, 31–36 years, and 62–67 years, respectively, were included in the analysis of which 29.0%, 21.7%, and 20.7%, respectively, practiced yoga/meditation. Women practicing yoga/meditation were less likely to smoke regularly (OR = 0.41–0.47), and more likely to be physically active (OR = 1.50–2.79) and to follow a vegetarian (OR = 1.72–3.22) or vegan (OR = 2.26–3.68) diet. Women practicing yoga/meditation were also more likely to use marijuana (OR = 1.28–1.89) and illicit drugs (OR = 1.23–1.98).

Conclusions

Yoga/meditation practice was associated with a higher likelihood of non-smoking, regular physical activity, and vegetarian/vegan diet. While health professionals need to keep the potential vulnerability of yoga/meditation practitioners to drug use in mind, the positive associations of yoga/meditation with a variety of positive health behaviors warrant its consideration in preventive medicine and healthcare.

P101

Oncogenetic key signal RANTES/CCL5 - Cytokine cross talk in tumors and silent inflammation of jawbone

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Background

Despite significant therapeutic advances most malignancies, as well as adenocarcinomas of the breast, remained incurable. At the same time, the importance of the microenvironment surrounding the tumor cells with "silent inflammation" increases.