



evidence & best practice

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Abstract Booklet

Contents

- Oral 1: Effectiveness and implementation**..... 3
 - O1 Mistletoe therapy use in the United Kingdom..... 3
 - O2 A systematic review of self-acupuncture studies 4
 - O3 Cost-Effectiveness of Chuna Manual Therapy and Usual Care, Compared with Usual Care Only for People with Neck Pain following Traffic Accidents: A Multicenter Randomized Controlled Trial . 5
 - O4 How well are reflexology intervention studies documented: A systematic review 7
- Oral 2: Behaviour change and self-management** 8
 - O5 The potential for Acupuncture Practice to Influence Behaviour Change in Patients: A Grounded Theory Study. 8
 - O6 Nutritional knowledge, attitudes and behaviour towards gut bacteria and the perceived effect of probiotics on gut health in strength and endurance sports..... 10
 - O7 Exploring the process of lifestyle/health behaviour change in traditional acupuncture practice: A longitudinal qualitative study..... 11
 - O8 Understanding the lived experience of male infertility and the role of nutritional factors and lifestyle behaviours..... 13
- Oral 3: CAM in practice** 14
 - O9 Integrating CAM within national healthcare: professionals' experiences and views of CAM integration within the NHS in the context of ethics 14
 - O10 The experiences of Nutritional Therapy Practitioners in supporting people with cognitive concerns: a qualitative study..... 15
 - O11 Yoga and transdiagnostic processes in mental health: Theory and empirical evidence 16
 - O12 Developing recommendations for safe practice of acupuncture in integrative oncology: peer-reviewed pragmatic guidance based on expert opinion..... 18
- Posters** 19

P1 A Vegan Diet and Pregnancy Outcomes in the Birth Person and Neonate: A Systematic Review and Meta-Analysis of Observational Studies	19
P2 Introducing the Warwick Holistic Health Questionnaire (WHHQ-18) into clinical practice: a guide to understanding the process, challenges and benefits for Traditional, Complementary and Integrative Medicine practitioners	20
P3 An Observational Mixed-Methods Case Study on the presentation of Chemotherapy Induced Peripheral Neuropathy (CIPN) and impact of aroma-reflex protocol on Cancer Patients accessing Complementary Therapy Services.....	21
P4 Qualitative study of the diet and lifestyle factors impacting women with endometriosis	22
P5 Nutrition and lifestyle factors in male infertility: a review.....	23
P6 Gluten and female infertility: an exploratory study.....	25
P7 Transdisciplinary insights: infertility experience.....	26
P8 Can wearable device promote physical activity in people with musculoskeletal chronic pain- A Systematic Review.	28
P9 Therapist effects in Shiatsu for people with multiple sclerosis	29
P10 Exploring the influences of personality traits on food attitude and eating behaviour in adults aged 18 and over living in the UK.....	30
P11 The role of Herbal Medicines: a survey exploring Healthcare Professionals’ perceptions across the UK	31
P12 How can Chinese Herbal Medicine practitioners support localised prostate cancer patients in Active Surveillance in the UK? - A Delphi Study	32
P13 Over-the-counter products for depression, anxiety and insomnia in older people: A scoping review	34
P14 Implementation of the new Meaningful Measures Ltd digital MYCaW® portal at Penny Brohn UK and GenesisCare for large scale data collection in a cancer wellbeing service	35

Oral 1: Effectiveness and implementation

O1 Mistletoe therapy use in the United Kingdom

Lorna Duncan (University of Bristol) Qi Qi Chen (Bristol Medical School) Francesca Wright (Bristol Medical School) Alyson Huntley (University of Bristol)

Presenting: Lorna Duncan

Background

Mistletoe therapy is commonly prescribed as an adjunct therapy for cancer patients receiving chemotherapy and/ or radiotherapy in Switzerland, Germany and the Netherlands. Studies show it improves quality of life for such patients. Although NHS use of herbal medicines has been discouraged since 2018 it remains available, at least privately, in the UK although the extent of provision is unclear. A 2020 systematic review by this team has identified gaps in the evidence for mistletoe therapy including those related to the formulation and routes of administration used and its application in non-cancer conditions.

Study aim

To understand current UK provision of mistletoe therapy using semi-structured interviews with prescribing clinicians and suppliers.

Methods

Eleven interviews were undertaken with medically qualified mistletoe therapy prescribers identified from the list of centres on the Mistletoe Therapy UK website (<http://www.mistletoetherapy.org.uk/centres/>) and subsequently from interviewee suggestions. A topic guide was prepared to ensure consideration of the following: conditions treated; brands of mistletoe used; routes of administration; and funding routes. A UK distributor and a pharmacist supplier of mistletoe therapy were also interviewed.

Results

Most interviewees were General Practitioners, suggesting mistletoe therapy is delivered largely in primary care in the UK. In terms of the products used, mistletoe prepared by Iscador was used by all clinicians, with Helixor and Abnoba-viscum also used by some. Routes of administration included sub-cutaneous injection (9/11), oral drops (8/11), and infusions (5/11), with most clinicians using more than one of these routes. All used mistletoe to treat cancer, and some also prescribed it for rheumatic conditions, chronic fatigue syndrome and autoimmune diseases. Discussion with the distributor and pharmacist enabled an estimate of in the region of 100 prescribers currently active in the UK. Most prescribe for smaller numbers of patients however than those working at the identified mistletoe therapy centres. Funding is predominantly private, with pockets of NHS funded-treatment identified in both Scotland and England.

Conclusion

This study has shown that mistletoe therapy is prescribed in the UK by a small number of clinicians, who are mostly based in primary care. This, and the common use of oral drops, contrasts with the hospital-based provision in mainland Europe where oral administration is apparently used infrequently. In addition to cancer, a number of other conditions are treated in the UK. Changes to NHS prescribing of herbal medicines have impacted provision, with most clinicians now working privately and patients funding treatments themselves.

O2 A systematic review of self-acupuncture studies

Catrina Davy and Dr John Hughes

Presenting: Catrina Davy

Background: Currently in the UK, National Institute for Health and Clinical Excellence (NICE) guidelines (NICE Guidelines, 2012) recommend a course of up to ten acupuncture sessions for the management of migraines. However, they do not recommend ongoing or maintenance acupuncture sessions. Teaching people self-acupuncture (SA) may be an option for people to manage migraines when ongoing acupuncture is not recommended or possible.

Aims: The aims of this systematic review are to identify and appraise the quality of SA studies; evaluate the acceptability, effectiveness, and safety of SA; and to inform the study design of a future mixed-methods feasibility study on SA.

Methods: CINHL, Medline, and PubMed databases were searched for eligible studies. Primary studies, evaluating SA for the management of any condition, written in any language and conducted at any time were included. Data was extracted and input on to standardised forms. The methodological quality of the studies was appraised using the Mixed-Methods Assessment Tool (MMAT). Extracted data was synthesised using thematic analysis.

Results: Twenty-two studies were identified through the systematic search of literature: 1 randomised, controlled trial; 1 mixed-methods, feasibility study; 1 pilot study; 2 qualitative studies; 2 audits; 1 guideline; 1 survey report; 1 case series and 12 case reports. The 12 case reports were excluded from methodological quality appraisal because they did not meet the criteria set for appraisal by MMAT. The methodological quality of the other studies varied: low quality (n=5), moderate quality (n= 2), high quality (n=2).

All the studies that evaluated the acceptability of doing SA found it to be an acceptable intervention (n=5). All but one of the studies that evaluated the effectiveness of SA for symptom management had positive findings (n=6). The incidence of serious adverse events (SAEs) was reported in 18 studies. Eight studies reported no incidence of SAEs (total number of participants n=294). Ten studies reported SAEs; these were all case reports (n=10). Twelve out of 15 studies concluded that SA was a safe intervention.

Conclusions: The findings of the studies indicate that SA may be an effective, safe and an acceptable intervention for symptom management. However, more high-quality studies must be conducted to determine this.

O3 Cost-Effectiveness of Chuna Manual Therapy and Usual Care, Compared with Usual Care Only for People with Neck Pain following Traffic Accidents: A Multicenter Randomized Controlled Trial

A-La Park ¹, Eui-Hyoung Hwang ^{2 3}, Man-Suk Hwang ^{2 3}, In Heo ^{2 3}, Sun-Young Park ², Jun-Hwan Lee ^{4 5}, In-Hyuk Ha ⁶, Jae-Heung Cho ⁷, Byung-Cheul Shin ^{2 3}

¹ Care Policy and Evaluation Centre, Department of Health Policy, London School of Economics and Political Science, London WC2A 2AE, UK.

² Department of Korean Medicine Rehabilitation, School of Korean Medicine, Pusan National University, Yangsan, Korea.

³ Spine and Joint Center, Pusan National University Korean Medicine Hospital, Yangsan Korea.

⁴ Clinical Medicine Division, Korea Institute of Oriental Medicine, Daejeon, Korea.

⁵ Korean Medicine Life Science, Campus of Korea Institute of Oriental Medicine, University of Science & Technology (UST), Daejeon, Korea.

⁶ Department of Korean Medicine Rehabilitation, Jaseng Hospital of Korean medicine, Seoul, Korea.

⁷ Department of Korean Medicine Rehabilitation, College of Korean Medicine, Kyung Hee University, Seoul, Korea.

Presenting: A-LA PARK

Background/aim: This is the first cost-effectiveness analysis of Chuna manual therapy (CMT) plus usual Korean traditional medicine for traffic accident victims using a randomized controlled trial. The annual costs of Whiplash Associated Disorders (WAD) in Europe are EUR 10 billion. 60% of patients with acute WAD can develop chronicity with lingering pain and deteriorating quality of life and employability. The automobile compensation insurance scheme was expanded to include Korean traditional medicine, leading to an increase in use of complementary alternative medicine in 1999 in South Korea. With increasing car insurance claims for WAD, it is important to look at cost-effectiveness of CMT as an adjunct therapy to usual care for WAD in a South Korean context to facilitate more optimal resource allocation decisions.

Methods: A total of 132 participants were equally assigned to the intervention group receiving 6-11 sessions of CMT plus usual Korean traditional medicine care for 3 weeks or usual care including acupuncture, cupping, herbal medicine, moxibustion, and traditional physiotherapy at three hospitals. Cost-effectiveness analysis was reported as recommended in the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) guidelines. Data on prescribed medications, emergency visits, inpatient days in conventional western and traditional Korean Medicine hospitals, day care, outpatient care, and diagnostic tests such as X-rays were collected by patient self-report, using an adapted version of the Client Service Receipt Inventory (CSRI) at baseline, 3, 6, and 12 weeks. This instrument is widely used to collect health services-related resource use through self-report. Intervention costs were estimated by examining electronic patient records.

Results: From a healthcare perspective, the intervention group had significantly higher costs (mean (SD), \$778 (435) vs. \$618 (318); difference, \$160; 95% CI, \$15 to \$289; p = 0.005) at 12 weeks. From a societal perspective, total costs were insignificantly lower in the intervention group (mean (SD), \$1077 (1081) vs. \$1146 (1485); difference, \$-69; 95% CI, \$-568 to \$377; p = 0.761). The intervention

group dominated, with significantly higher QALYs gained at lower overall cost with a 72% chance of being cost-effective. From a societal perspective, the intervention was cost-saving for individuals who had neck pain after car accidents, although it was not cost-effective from the healthcare perspective (\$40,038 per QALY gained).

Conclusions: Our findings support use of CMT as an integrated care treatment for whiplash from a societal perspective. Further studies with larger sample sizes are needed to determine cost-effectiveness in other cultural contexts.

O4 How well are reflexology intervention studies documented: A systematic review

Jacqueline James, Professional Doctorate student, School of Health & Care Professions, University of Portsmouth;

Dr Joseph Costello, Associate Head for Research and Innovation, School of Sport, Health and Exercise Science, University of Portsmouth;

Dr Amy Drahota, Reader in Health and Social Care Evidence Evaluation, School of Health & Care Professions, University of Portsmouth.

Presenting: Jacqueline James

Background and study aim

Reflexology, is a holistic, complementary therapy, carried out on the feet, hands, ears or face. Reflexology has no single accepted definition, with many varying practices; it is therefore important for research reports of reflexology interventions to clearly articulate exactly what the reflexology entailed. Accordingly, we sought to systematically review how reflexology studies documented the intervention.

Methods

A systematic review was completed of reflexology intervention studies that were published in 2021. A single year was chosen for this review to ensure that the data reflected the current state of reflexology study documentation, rather than include historically data that is known to be of poor quality. All types of study were included in the review; the only requirements were the study had been peer reviewed, published in a journal, published in English and the full text was available after an interlibrary loan had been requested

The TIDieR (Template for Intervention Description and Replication) checklist was chosen to score each of the studies. The checklist consists of 12 questions which provide a structure for way for study authors to document their intervention. The questions are: (1) Brief name; (2) Rationale; (3) Materials; (4) Procedures; (5) Provider; (6) Mode of delivery; (7) Setting; (8) Schedule and intensity; (9) Tailoring; (10) Modifications; (11) Assessment of fidelity; (12) Fidelity. Each question for each study was scored with a green, indicating it met the TIDieR requirements, an amber, indicating some of the TIDieR requirements were met but no all, and red, indicating the TIDieR guidance was not met. Scoring was carried out at a question level to ensure the detail of the compliance to the TIDieR checklist was not lost, as well as creating an overall score for the study.

Results

Initial data analyses suggest that more detailed guidance is required for authors of reflexology studies in order to better inform practice and support replication.

Conclusion

The full systematic review will be published later this year, but the next step in the process of improving the documentation of reflexology intervention studies is the production of a TIDieR-Reflexology guidance document which will be able to inform study authors and ensure the correct reflexology relevant information is documented within studies.

Oral 2: Behaviour change and self-management

O5 The potential for Acupuncture Practice to Influence Behaviour Change in Patients: A Grounded Theory Study.

Jo Rochford, MSc Student Advanced Oriental Medicine, Northern College of Acupuncture; Jane Nodder MSc Supervisor, Northern College of Acupuncture

Presenter: Jo Rochford

Background

Behaviour is a key determinant of health influencing many common chronic health conditions in Europe through patient lifestyle choices. Lack of strategic approach to behaviour change in the UK results in few long lasting changes for large numbers of people. Effective strategies are needed to motivate and sustain health improving behaviour. Behavioural change work is a significant part of acupuncture and TCM due to participative patient - practitioner interaction. However more research is needed into links between how practitioners practise and potential influences on patient behavioural change.

Study Aim

The current study used Grounded Theory (GT) methodology to develop themes and theories about potential links between how the practitioner practises and behavioural change in patients.

Methods

Ten acupuncturists, qualified for over a year and working in private practice, took part in semi-structured interviews to discuss how their approach to practice might influence behaviour change in patients. Topics included: potential impact of the practitioners setting on patient behaviour, approach to consultation, communication with the patient, advice given to the patient and overall patient-practitioner relationship.

Results

Using a constructivist GT approach five themes were identified from data analysis. Practitioners used a patient centred approach and established therapeutic rapport. They noted that patients receptibility to change was influenced by treatment setting, that acupuncture treatment itself supports patients enabling them to make behaviour changes and that patients do not change behaviour if they feel unsupported. The overall theory generated was practitioners practise in a way which deliberately and consciously supports patients, enabling them to make behaviour changes.

Conclusion

The findings from the study indicate that acupuncture practitioners may influence behaviour change in patients in three ways. Firstly by using acupuncture to reduce pain, stress and anxiety and improve wellbeing which may facilitate patients to change their behaviour. Secondly by engaging patients in treatment, sharing decision making and goal setting and tracking behaviour change, practitioners may increase patient accountability towards behaviour change. Finally by using the therapeutic relationship to validate and empower patients and discuss behaviour change, practitioners may inspire their patients to engage in behaviour change to improve their health.

Application to Practice

These findings may help contribute towards developing an evidence informed practise approach amongst traditional acupuncturists and encourage practitioner engagement in reflective practice. Further exploration of practitioners influence on patient behaviour change could potentially highlight new clinical techniques and approaches, and may allow development of acupuncture specific behaviour change models.

O6 Nutritional knowledge, attitudes and behaviour towards gut bacteria and the perceived effect of probiotics on gut health in strength and endurance sports

Dominika Gutek¹ & Miranda D Harris^{1,2}

1 Co-author, MSc Student, School of Allied Health and Community, University of Worcester

2 Corresponding author, Senior Lecturer, Registered Nutritional Therapist, MSc, SFHEA, mBANT, mCNHC, School of Allied Health and Community, University of Worcester, UK. ORCID ID: 0000-0003-4293-1543

Presenting: Miranda Harris

Background and study aim:

The importance of nutrition and the role of the microbiome have been recognised in optimising overall health in strength and endurance performance and recovery. Probiotics may be of benefit to microbiota composition and are increasingly used to improve gut symptoms in sports performance. This study aimed to evaluate nutritional knowledge, attitude and behaviour (KAB) towards gut bacteria, explore the perceived role of probiotics with an emphasis on improving gut symptoms and formulate strategies to support Nutritional Therapists when considering gut symptoms and training outcomes in athletes.

Methods: Sixty-five UK athletes aged 18 and over were recruited via social media groups and completed an anonymous online questionnaire consisting of Likert Scale KAB and Irritable Bowel Syndrome questions, as well as open-ended questions on probiotic use. Data were analysed using the SPSS programme.

Results: The Spearman's test for correlation showed a significant positive, strong correlation between knowledge and behaviour ($r=.55$, $n=65$, $p < 0.001$), knowledge and attitude ($r=.76$, $n=65$, $p < 0.001$) and behaviour and attitude ($r=.53$, $n=65$, $p < 0.001$). A weak positive correlation was found between pain and behaviour ($r=.29$, $n=65$, $p=.011$) and diarrhoea and behaviour ($r=.023$, $n=65$, $p=.032$). A Mann-Whitney test showed a significant difference in knowledge scores between endurance ($Md=46$) and strengths groups ($Md=50$), $U=331.5$, $z=-2.583$, $p=0.010$, $r=0.32$). No significant difference was found in attitude and behaviour. A total of 45% of 18 people who took probiotics in the last eight weeks noticed an improvement in gut symptoms, including reduced abdominal pain, diarrhoea, bloating and regular bowel movements; 28% of 18 people noticed a difference in sports performance, indicating improved mood, energy, Vo2 max, less pain during or after exercise, feeling lighter and less bloated.

Conclusion: The results suggest there are relationships between nutritional KAB and gut symptoms however, the effect of probiotics on gut symptoms and sports performance remains inconclusive. Future research on the effect of different strains of probiotics on endurance and strength training and performance is needed. Based on the study outcomes, strategies to improve KAB, gut symptoms and training outcomes were proposed."

O7 Exploring the process of lifestyle/health behaviour change in traditional acupuncture practice: A longitudinal qualitative study

J.W. Pinto Department of Psychology, Faculty of Environmental & Life Sciences, University of Southampton, Highfield Campus, Southampton

K. Bradbury Department of Psychology, Faculty of Environmental & Life Sciences, University of Southampton, Highfield Campus, Southampton

D. Newell Faculty of Medicine, University of Southampton, Highfield Campus, Southampton and AECC University College, Bournemouth, BH5 2DF

F.L Bishop Department of Psychology, Faculty of Environmental & Life Sciences, University of Southampton, Highfield Campus, Southampton,

Presenting: Jonquil W Pinto

Background

Promotion of healthy behaviours (exercise/diet/alcohol/smoking/sleep hygiene) is a major public health concern and the need to understand behaviour change is important both in health psychology across the health sciences. Complementary medicine therapists such as traditional acupuncturists are a potentially important resource for supporting health behaviour change and there is a need to develop a body of evidence to understand the role these practitioners may have.

Study Aim

This in-depth, longitudinal qualitative study explored the lifestyle and health change behaviour support provided to traditional acupuncture patients and aimed (1) to understand how clinical approaches/techniques and psychological processes lead to behaviour change and (2) to inform how behaviour change support should be provided.

Methods

Longitudinal qualitative research methods were used to capture experiences as they change over time. 9 patient-acupuncturist dyads participated: their consultations were audio-recorded, in-depth qualitative interviews were conducted with patients (two interviews each) and acupuncturists (one interview each). Analysis was conducted concurrently with data collection which was guided by the principle of information power. Reflexive thematic analysis explored the experiences of dyads, with primary focus on the patient. Data was coded deductively (guided by previous work) and inductively, to explore new themes.

Results

Patients at different stages of readiness to change need different types of support those overwhelmed by symptoms/stress need an approach which helps them gain control, whereas patients who are more ready to change need help sustaining motivation. Acceptance of lifestyle/behaviour advice was related to a establishing a cycle of trust trust in the practitioner, their explanations and their treatments and each of these elements of trust feed into the others. Decisions to enact a behaviour change were based both on reasoned understanding (e.g. of how behaviours may contribute to illness) and changes in feelings and mood (e.g. calm, positivity, connecting to sensation of wellness).

Conclusion

Traditional acupuncture practice including elements such as stress and symptom reduction, alternative experiential-based explanations and strong therapeutic relationships may help more patients to make health behaviour changes. Research exploring behaviour change in complementary medicine therapies such as traditional acupuncture can provide new insights into behaviour change methods and theory, and suggest additional techniques (such as acupuncture treatment for stress and symptoms to support behaviour change)."

O8 Understanding the lived experience of male infertility and the role of nutritional factors and lifestyle behaviours.

David Swinburne 1 Justine Bold 1, 2

1 School of Allied Health and Community, University of Worcester, Worcester, UK

2 Centre for Medical Education, School of Medicine, Cardiff University, Cardiff, UK

Presenting: Justine sara Bold

Background

It has been reported that male fertility is declining globally (Sengupta, Dutta, Krajewska-Kulak, 2017). It is estimated that one in seven couples in the UK experience problems conceiving (NICE, 2013), with a male factor accounting for 30% of cases (Agarwal et al. 2015).

Aim

The aim was to understand the lived experiences of infertile men. Objectives were to evaluate the lifestyle and nutrition information they were provided with when diagnosed with infertility or through fertility treatment and to understand what they did with that information and the role it played in the wider context of fertility treatment.

Methods

A qualitative approach was used. Purposive sampling (via a poster sent to charities and support groups) was used to recruit 8 infertile men to take part in semi-structured interviews. Due to Covid-19 restrictions, interviews were conducted online using video conferencing. Interviews were transcribed verbatim using a naturalist approach and the transcripts were coded inductively. Thematic analysis was then undertaken.

Results

Thematic analysis of the transcripts generated 6 superordinate themes; i. antecedents to infertility, ii. experience of infertility care, iii. increasing chances of conception, iv. drivers of lifestyle change, v. taking control and vi. lived experience of infertility. Infertility was described as an emotionally challenging and isolating. Men were generally dissatisfied with the level of lifestyle and nutritional advice they received and often felt overlooked through the course of treatment. As a result, information seeking behaviour followed leading to men implementing changes. Participants reported high levels of motivation to make and continue nutrition and lifestyle change.

Conclusions

During fertility treatment men often felt disappointed by care. Nutrition and lifestyle change was perceived as a way for males to actively contribute to the process of trying to conceive. Motivation for making changes was high with participants reporting additional health benefits such as weight loss that were sustained. Nutrition and dietary advice was viewed positively as complementary to

References

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Oral 3: CAM in practice

O9 Integrating CAM within national healthcare: professionals' experiences and views of CAM integration within the NHS in the context of ethics

Klara Dolakova, Faculty of Humanities, Charles University

Presenting: Klara Dolakova

Background: Decision-making in public health should be based not only on theoretical foundations and evidence for the specific approach but also on a thorough ethical consideration in the context of biomedical ethical principles. One of the areas that raise ethical discussion, is the field of complementary and alternative medicine (CAM) and the possible integration of selected CAM methods into the public system of healthcare. The high demand for CAM methods from the general public has contributed to the process of integrating selected CAM methods to some extent within the healthcare system in several countries (e.g., Switzerland, Germany, the United Kingdom, and others) as well as the fact that the World Health Organization recommends, where appropriate, in the document WHO Strategy for Traditional Medicine 2014-2023, the integration of selected CAM methods into national healthcare systems. As the United Kingdom is one of the countries that enables patients to access certain CAM approaches as a part of the National Health Service (NHS), the present study explored what ethical aspects play a role in the process of integrating a certain CAM method within healthcare.

Aim of the study: This qualitative study explores professionals' experiences and views of CAM integration within the NHS in the context of ethics. The main aim is to find out in which circumstances, according to professionals based in the UK, it is ethically acceptable to integrate a particular CAM method into healthcare.

Methods: Semi-structured interviews were conducted with participants. Interviews were audio recorded, and field notes were taken. Audio recordings were transcribed verbatim. Transcripts were analysed thematically using framework methodology.

Results: A total number of 21 participants participated in the qualitative study (identified as researchers/academics, CAM practitioners, and medical doctors). The study identified a number of key topics relating to participants' views on the integration of CAM within the NHS, including the perception of CAM in the context of healthcare, safety, and regulation in healthcare and CAM, gaps in CAM research and education, or factors influencing CAM integration within the NHS.

Conclusions: The qualitative study identified key facilitators and barriers to CAM integration and the main ethical concerns in the CAM field and within healthcare in general. Further research needs to be done to explore whether the identified factors are relevant in other countries as well.

O10 The experiences of Nutritional Therapy Practitioners in supporting people with cognitive concerns: a qualitative study

Shona Forster¹, Miranda Harris^{1,2}, Alison Benbow¹, Joanne Goldie¹

¹ School of Allied Health and Community, University of Worcester, WR2 6AJ, UK

² Corresponding author: Miranda Harris, Senior Lecturer, MSc, SFHEA, BANT, CNHC ORCID ID: 0000-0003-4293-1543

Shona Forster¹ ORCID ID: 0000-0001-5509-0531

Presenting: Miranda Harris

Background

Cognitive impairment affects approximately 15% of UK adults aged 65 years or more, a third progressing to dementia within three years of diagnosis. There is mounting evidence for the efficacy of personalised nutritional approaches in delaying or preventing cognitive decline from midlife yet there is no published research on the topic.

Study Aim

This study aimed to explore the knowledge, beliefs and experiences of Nutritional Therapy Practitioners (NTPs) working with people with cognitive concerns, and any challenges associated with the relationship.

Methods

Six NTPs were recruited from nutritional therapy groups on social media and from directories where cognition was identified as a specialism. Participants were members of their professional body with at least two years' practice experience and one client seeking support with cognitive concerns in the previous year. Data was collected in semi-structured, one-to-one interviews and analysed using thematic analysis.

Results

Participants had invested substantial time, money and emotion in working with people with cognitive concerns and had experienced significant challenges in providing the support they felt to be appropriate; assessments could be inaccessible and expensive for clients, cognitive impairment could make behaviour change especially challenging and mainstream medical practitioners appeared reluctant to collaborate. Participants were also concerned that nutritional interventions might reduce their clients enjoyment of later life in return for uncertain health outcomes.

Conclusion

To enable NTPs to confidently support cognitively impaired clients, it is recommended the Nutritional Therapy profession and NHS develop a collaborative approach, possibly using the established mechanism of a care bundle. The profession might consider requiring specialist training for practitioners in this field and providing additional guidance. NTs might consider forming a community of practice to develop an evidence base of relevant case studies. Further research is required to quantify these findings and to understand the perspectives of the relevant medical professionals.

O11 Yoga and transdiagnostic processes in mental health: Theory and empirical evidence

Dr Alison Bennetts, University of Southampton

Dr Laura Pick, University of Southampton

Dr Chris Irons, University of Southampton

Dr Margo Ononaiye, University of Southampton

Chloe Chapman, University of Southampton

Nadine Fox, University of Southampton

Dr Andrew Merwood, Portsmouth Hospitals University NHS Trust

Halina Willis, University of Southampton

Dr Joanne Williams, Specialist Guernsey Mental Health, States of Guernsey

Natasha Wing, University of Southampton

Dr Emel Atuk, University of Southampton

Dr Katy Sivyver, University of Southampton

Presenting: Dr Alison Bennetts

Background: The potential of yoga interventions as a viable complementary approach for mental health and psychological wellbeing has been of increasing interest in recent years. However, the empirical evidence base is highly heterogeneous, and many theories have focused on physiological, rather than psychological, mechanisms of change in yoga interventions. Furthermore, research to date has given little attention to the extent to which the philosophical aspects of yoga impact the benefits evidenced.

Aim: This presentation will briefly outline a novel theory proposing how specific features of yoga practice, in particular the incorporation of the philosophical limbs of yoga, could potentially target the same psychological mechanisms targeted in evidence-based talking therapies and thus offer an alternative and accessible intervention for psychological difficulties. A series of empirical projects (both completed and in progress) investigating these hypotheses are outlined.

Methods: A series of online, cross-sectional studies explored group differences between yoga practisers (YPs) and non-yoga practisers (NYPs) in the general population. Outcomes included a range of psychological constructs that are implicated in mental health, psychological wellbeing and talking therapies. Details of YPs yoga practice were collected to explore the extent to which specific features of yoga practice correlated with, and predicted, psychological outcomes.

Results: Two completed empirical projects found significant group differences in psychological outcomes, including in the constructs targeted in talking therapies that are currently available in the NHS. The extent to which ethical principles were included in yoga practice was found to significantly predict a range of psychological constructs.

Conclusion: Cross-sectional group differences offer support for the experimental investigation of these constructs within yoga interventions. Preliminary evidence suggests specificity in the effects of individual features of yoga practice in predicting scores on psychological constructs implicated in

psychological wellbeing, mental health and talking therapies. Results suggest that tailoring the features of yoga interventions, specifically the inclusion of philosophical principles, may effect specific outcomes. Future studies exploring additional mechanisms and the use of tailored yoga interventions targeting these psychological mechanisms in clinical populations are discussed. Further research exploring these hypotheses in clinical populations and with robust quantitative methodologies are required."

O12 Developing recommendations for safe practice of acupuncture in integrative oncology: peer-reviewed pragmatic guidance based on expert opinion

Dr Beverley de Valois, Researcher in Integrative Medicine, Supportive Oncology Research Team (SORT), East and North Hertfordshire NHS Trust incorporating Mount Vernon Cancer Centre

Dr Catherine Zollman, Medical Director, Penny Brohn UK

Teresa Young, Supportive Oncology Research Team Lead, SORT, East and North Hertfordshire NHS Trust incorporating Mount Vernon Cancer Centre

Presenting: Dr Beverley de Valois

Background

Filshie and Hester published guidelines for providing acupuncture treatment for cancer patients in 2006. In 2018, Zollman developed updated guidance (unpublished) to support acupuncturists working in cancer treatment centres across the UK. During 2022/23, an international team of experts further developed these recommendations for publication and international dissemination.

Study Aims

The aim is to facilitate safe and appropriate care by acupuncturists working with people with a cancer diagnosis, by articulating a safe standard of care outlining contra-indications, cautions, and risks regarding acupuncture.

Methods

A core development team (BdV, TY, CZ) comprehensively updated the 2018 document. This was reviewed by 12 invited international experts, comprising senior acupuncturists with and without experience of working in oncology settings, oncologists, physicians and nurses trained in integrative oncology, researchers, academics, and professional body representatives. Experts' comments were then harmonised by the core team and reissued for final ratification. The document will be submitted to a PubMed listed journal and published as an open-access paper. To aid dissemination and uptake of the recommendations the expert panel represents national and international integrative oncology associations and major cancer treatment centres in Europe, USA, Australia, and the Middle East.

Result

Guidance covers the use of acupuncture for cancer patients both on and off treatment (surgery, SACT, radiotherapy). Situations where acupuncture may be contra-indicated or practice may need adapting are identified. Red and Amber Flags situations where acupuncturists need to consider referring for medical review - are highlighted.

Conclusion

These are the first international, multidisciplinary peer-reviewed recommendations for the safe practice of acupuncture for people diagnosed with cancer. Concerns about acupuncture's safety remain a significant barrier to appropriate referral from oncology teams, to use by acupuncturists, and to uptake by cancer patients. By disseminating trustworthy, widely accessible guidance, the authors hope to facilitate informed, confident practice of acupuncture, within and outside of oncology healthcare settings."

Posters

P1 A Vegan Diet and Pregnancy Outcomes in the Birth Person and Neonate: A Systematic Review and Meta-Analysis of Observational Studies

Becca Meadows¹ & Miranda D Harris²

¹ Becca Meadows Co-author, Registered Nutritional Therapist, BA Hons PG Dip mBANT mCNHC

² Miranda D Harris Corresponding author, Senior Lecturer, Registered Nutritional Therapist, MSc, SFHEA, mBANT, mCNHC, School of Allied Health and Community, University of Worcester, UK.

Presenting: Becca Meadows

Background. It is widely accepted that a pregnant person's diet may directly impact the health of the neonate through to adulthood. Despite a significant increase in the popularity and visibility of veganism, it remains unclear whether a vegan diet during pregnancy affects the birth person or neonate health outcomes positively or negatively.

Study Aim. In view of the gap in evidenced-based recommendations to support birth persons to make informed decisions over dietary choices in pregnancy, this study sought to draw together the existing body of observational research, to see if any relationships could be identified between a vegan diet during pregnancy and the health outcomes for both the neonate and the birth person. Furthermore, the study aimed to provide nutritional therapists and wider obstetric caregivers with evidence-based guidance to those considering a vegan diet.

Methods. CINAHL, MEDLINE and PsychINFO were searched for relevant articles published by 9 August 2022. Quantitative data was analysed using a random effects model with odds ratios or mean difference and 95% confidence intervals.

Results. A total of six observational studies were identified to meta-analyse birth weight outcomes. The relationship between a vegan diet and birth weight was statistically significant (MD -120.12g, (95%CI -230.30g to -9.95g) $p= 0.03$, $I^2= 86\%$). No statistically significant relationship was found between a vegan diet and low birth weight, gestational length, small for gestational age and preterm delivery outcomes.

There were insufficient studies to conduct meta-analyses on any birth person outcomes (pregnancy anaemia, gestational diabetes, preeclampsia, pregnancy-induced hypertension, pregnancy or post-natal depression).

Conclusion. There is possibly an increased risk of a reduced birth weight in neonates born to vegan birth persons, however the health impact of this reduction has not been qualified. High heterogeneity and lack of high-quality evidence mean these results should be interpreted with caution but illustrate a significant lack of research on birth person outcomes and the need for much larger longitudinal, cohort studies to assess the through-life impact of a vegan diet during pregnancy on offspring. With a quadrupling of the estimated number of vegans in the UK between 2014 and 2019, indicating the rate of growth of veganism, combined with the known links between birth person diet and the long-term health of offspring, significant investment in further research is warranted.

P2 Introducing the Warwick Holistic Health Questionnaire (WHHQ-18) into clinical practice: a guide to understanding the process, challenges and benefits for Traditional, Complementary and Integrative Medicine practitioners

Dr Nicola Brough (PhD, MPhil, RCST) Independent Researcher, Torus Wellbeing Clinic, Newcastle-under-Lyme, Staffordshire, UK, ST5 3DR
Dr Sarah Croke (PhD) Division of Population Health, Health Services Research & Primary Care, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester, UK, M13 9PL

Presenting: Dr Sarah Croke

Background: Patient Reported Outcome Measures (PROMs) assess the quality of care and outcomes experienced by patients, from the patient perspective. Their use provides additional patient-centred information and these are being increasingly employed beyond clinical research, to guide routine patient care or for the purposes of service level audit.

Study aim: Through transparent reporting and reflexivity, this study aims to provide a practical guide for Traditional, Complementary and Integrative Medicine (TCIM) practitioners wishing to introduce a validated, patient-reported outcome measure (PROM) to support their everyday clinical practice.

Methods: Using a qualitative single-case design, we draw upon one practitioner's direct clinical experience to explore the process of implementation and benefits of using the Warwick Holistic Health Questionnaire (WHHQ-18) as a regular measure to support treatment management, care planning and decision making. Primary data was generated via a practitioner narrative. The clients whose cases we use to support this narrative gave written consent for their data to be used in this way, prior to the data being collected.

Results: Introducing and implementing the WHHQ-18 PROM into regular clinical practice provided an objective measure to sit alongside anecdotal and subjective observations, as a holistic assessment of progress and improvement (or not), in the case of two clients. Using the WHHQ-18 as part of a clinical assessment and decision-making process gives clients an opportunity to engage in assessment of their own healthcare, supports them to raise concerns for discussion with practitioners, and to better understand and track their progress and wellbeing. As the practitioner-client work unfolded, review feedback and repeated WHHQ-18 results influenced how frequently practitioner and clients saw each other, as part of optimal therapeutic management. Transparency and reflexivity forms a critical part of this process.

Conclusion: WHHQ-18 has an ability to stimulate reflexive analysis and inform practitioner treatment plans, which can also benefit the development and demonstration of evidence-based practice and outcomes, at a group level. In addition, it may help with the generation of future systematic reviews in TCIM, which often suffer from small trial size and heterogeneous study designs. The WHHQ-18 is a feasible and worthwhile tool to support and evaluate regular clinical practice. Understanding the process, challenges and the benefits may encourage more practitioners to follow our example and introduce this PROM within their regular clinical practice.

P3 An Observational Mixed-Methods Case Study on the presentation of Chemotherapy Induced Peripheral Neuropathy (CIPN) and impact of aroma-reflex protocol on Cancer Patients accessing Complementary Therapy Services

Julie Cosgrove - Specialist Oncologist Complementary Therapist, Guys and St Thomas NHS Trust

Presenting: Julie Cosgrove

Background.

Chemotherapy Induced Peripheral Neuropathy (CIPN) is a common side effect of neurotoxic chemotherapy regimens and can have debilitating impacts on patients lives. There is currently no robust pharmaceutical option to help alleviate symptoms and the duration and intensity of outcomes is uncertain. Literature on the impact of reflexology covers a range of protocols which vary from current practice within the Guys CT service.

At Guys patients are treated with good anecdotal effect using an aroma-reflex protocol focused on working granular deposits located in interphalangeal joints and pads of fingers and toes. For patients presenting with granular type deposits there appears to be a relationship between the joints where they present and the phalanges where allodynia, pain or numbness are experienced.

Aim.

The aim is to gather rich case study data concerning patients with CIPN who access CT services . Objective and subjective presentations pre and post treatment will be mapped to chemotherapy regimens and demographic health data.

Methodology.

This mixed methods case study will systematically gather data within and immediately after the timeframe of the four sessions offered by the service in addition to longer term data. Patients (n=30) meeting the inclusion criteria (completed chemotherapy treatment >14 days previously and within the last 12 months) for either platinum or taxane cytotoxic medications will be assessed as per normal clinical practice, using the MYCAW Tool and reflexology foot assessment at baseline and after each session. VAS will be used at 2-4,8-10 and 24-hour timepoints after sessions. Patients will be given hand and foot maps to annotate, allowing representation of areas of altered sensation. Participants will be asked to complete EORTC QLQ CIPN20 questionnaires at baseline and after 4 sessions. At 3 and 6 months they will be asked to complete both questionnaires and patients offered a face-to-face assessment. They will also be asked to complete a semi-structured questionnaire at 3 months focusing on the impact of any short- or longer-term symptom relief on behaviours and resilience.

Outcomes.

The study has the potential to present a rich picture of the presentation of CIPN in selected patients and the impact of the protocol on patient experience. Gathering robust data should facilitate clearer, more evidenced communications with other health professionals and direct areas for further research. Any relationship between deposit presentation and changes in symptoms will be of interest. Understanding how patients' value symptom relief will help with future service planning."

P4 Qualitative study of the diet and lifestyle factors impacting women with endometriosis

Grey, Aimee 1 and Bold, Justine.1,2

1. School of Allied Health and Community University of Worcester, Worcester UK.
2. Centre for Medical Education, School of Medicine Cardiff University Cardiff UK.

Presenting: Justine sara Bold

Background

Endometriosis affects around one in 10 women in the UK and an estimated 200 million women worldwide. There are well documented impacts on the lives of women diagnosed with the condition, including infertility and severe pain. Yet there has been limited research into the role of diet and lifestyle factors in management of the condition.

Aim

To identify diet and lifestyle factors affecting women with endometriosis and their potential role in management of the condition.

Methods

A qualitative approach using an anonymous online survey including open questions. Snowball and purposive sampling were used to recruit participants. Inclusion criteria were women, resident in the UK, 18 years+ with diagnosed endometriosis. Free text data was analysed using inductive coding and thematic analysis.

Results

42 participants with diagnosed endometriosis completed the survey. Eight subordinate themes were derived from 80 data codes and developed into four main superordinate themes: 1. Advice and support provided from healthcare professionals 2. Diet and lifestyle changes already implemented and effects 3. Endometriosis symptoms and 4. Barriers and motivation to change. Women had tried and reported benefits from a variety of dietary or lifestyle interventions including, removal of gluten, increasing fruit and vegetables, walking, yoga, Pilates and meditation. Participants received either no or poor-quality advice from their medical or healthcare professionals in relation to diet and lifestyle changes. Most of the advice sought and implemented was from a variety of self-researched sources e.g., books, websites and support groups.

Conclusions

The existing dietary and lifestyle advice to women with endometriosis remains poor. Participants reported many nutrition and lifestyle modifications have the potential to improve symptoms and self-management of the condition. Participants also highlighted their desire for more evidence-based nutrition care. Personalised nutrition and lifestyle recommendations have the potential to be a sustainable component of care for this group of patients. Further research into both dietary and lifestyle therapies and their combination is recommended to understand how they can support women with endometriosis.

P5 Nutrition and lifestyle factors in male infertility: a review

Justine Bold 1, 2 David Swinburne 1

1 School of Allied Health and Community, University of Worcester, Worcester, UK

2 Centre for Medical Education, School of Medicine, Cardiff University, Cardiff, UK

Presenting: Justine sara Bold

Background

Semen parameters can be improved through a healthy diet (1,2) and nutritional supplementation has also been shown to improve semen parameters, clinical pregnancy and live birth rates (3,4,5). Despite this, dietary changes beyond alcohol reduction are rarely recommended in the treatment of male infertility.

Aim

Our aim was to consider the psychosocial impacts of infertility in males whilst assessing other complementary nutritional and lifestyle interventions that could be used in personalised nutrition care as part of an integrated and holistic approach.

Methods

A systematic approach was used to undertake a review and findings were synthesised to develop pre-conceptual nutrition and lifestyle guidelines for men. Three electronic databases were searched using predetermined Boolean search terms (Academic Search Complete, CINAHL and Medline). Additional hand searches were undertaken, duplicates were removed and predefined inclusion and exclusion criteria were applied. 125 papers were identified and narrative synthesis was used for review and to develop the guidelines.

Results

Review data indicates dietary modification or supplementation with antioxidants such as vitamin C, vitamin E, coenzyme Q10, selenium, carnitine and zinc (6) have been shown to improve markers of male fertility and reduce seminal oxidative damage (3,4). Additionally, a Mediterranean diet is also associated with higher quality sperm counts (7,8). Low fat diets can reduce testosterone levels so should be avoided (9). Weight loss, however, is beneficial in terms of normalising endocrine profiles (10) but it is not possible to determine at present if this is the effect of weight loss alone, or the combined effect of losing weight alongside other nutritional improvement.

Conclusions

Infertility is emotionally challenging for men and personalised nutrition and lifestyle therapies have potential to support men trying to conceive. Preconceptual nutrition and lifestyle guidelines for men have been developed from this review and use should be considered as the basis for more tailored nutrition care in practice (particularly in complementary medicine, nutritional therapy and primary care). Further research is needed to understand the role of the potential confounding factors.

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P6 Gluten and female infertility: an exploratory study

Justine Bold 1,2 Dimitra Diamantopoulou 1

1. School of Allied Health and Community, University of Worcester, Worcester, WR2 6AJ, UK.
 2. Centre for Medical Education, School of Medicine, Cardiff University, Cardiff, CF14 4YS,
- Presenting: Justine sara Bold

Background

Prevalence rates for infertility have increased globally. Untreated coeliac disease (CD) and gluten sensitivity (GS) can affect fertility. Women trying to conceive frequently use complementary therapies including acupuncture, reflexology and both nutritional and lifestyle therapies. Guidelines in the UK encourage testing of women with unexplained infertility for CD and case studies demonstrate pregnancies after introducing a gluten-free diet (GFD).

Aims

To explore the experiences of women with infertility, investigating the potential role of gluten in the wider context of nutritional support for infertility, including experiences of testing for CD and implementation of a GFD.

Methods

Participants completed an online survey that included open and closed questions. Content analysis was performed on the closed question and the open questions were analysed qualitatively, using inductive coding and thematic analysis.

Findings

29 women completed the survey, all were living in the UK. The majority identified as White, with one Asian/Asian British, one Mixed, and one Arab participant. Only four had not undergone fertility treatment, the remaining 25 had received fertility treatment. Twelve had unexplained infertility, while seven had no diagnosis. Five had primary infertility and five had a secondary infertility diagnosis. TA identified six themes: (1) Experience with gluten in infertility, (2) Experiences with testing for CD, (3) Health beliefs/concerns regarding gluten, (4) Other interventions to help with infertility, (5) Nutritional support for women with infertility, (6) Infertility experience. Some participants had autoimmune conditions, iron deficiency anaemia or a first degree family member with CD. Another was later diagnosed with CD after the birth of a child. Participants reported pregnancies after implementation of a GFD and that a GFD alleviated both intestinal and extra-intestinal symptoms such as fatigue, headaches and skin problems. Several participants felt unprepared for testing as several were not told to eat gluten beforehand (not eating gluten can invalidate the test). Participants also reported feeling healthcare professionals did not treat their other symptoms seriously.

Conclusion

Awareness of extraintestinal manifestations of CD, including unexplained infertility, should be increased amongst both healthcare professionals and complementary therapists. Holistic approaches taking account of the extraintestinal symptoms may help to identify undiagnosed CD or GS. Women with unexplained infertility should be screened for CD, even without the presence of intestinal symptoms. Women with infertility choosing to implement a GFD need better support and to be offered nutritional care. In the UK, both Nutritional Therapists and Dieticians could offer advice on implementation of a GFD.

P7 Transdisciplinary insights: infertility experience

Justine Bold^{1,3} Dr Paul Newland² Professor Eleanor Bradley¹

1. College of Health and Science, University of Worcester, UK
2. College of Education, Culture and Society, University of Worcester UK.
3. Centre for Medical Education, School of Medicine, Cardiff University, Cardiff, Wales, UK

Presenting: Justine Bold

Context

Rates of infertility are increasing¹. It is stigmatising, taboo, and affects approximately 48.5 million couples worldwide². Complementary medicine and therapies are frequently used by those trying to conceive.

Aims

- i. To identify opportunities for improvements in fertility care and wider professional education about infertility.
- ii. To investigate nutrition and lifestyle medicine as adjuncts to treatment and therapy.
- iii. To undertake synthesis connectivity analysis^{3,4} of a transdisciplinary portfolio of publications about infertility.^{5,6,7,8,9,10,11}

Methodological Framework

The portfolio consisted of seven publications about infertility authored or co-authored by a researcher with personal experience of infertility. These were published from 2015 onwards and include peer-reviewed research articles on nutrition in infertility, a case report, an integrative textbook for interprofessional education, a theatre performance, as well as creative artefacts including poems and a story. All publications embed the patient voice as a fundamental element. The overall methodological framework reflects a multi-lens interpretive, phenomenological, heuristic inquiry informed by a relativist ontology. Synthesis connectivity has been used to analyse the works, this approach is recommended by both Grant³ and Smith⁴. Outputs were grouped into chronicles by consideration of research questions and findings enabling synthesis of ‘golden threads’⁴ of knowledge.

Findings

Golden threads identified i. An understanding of the lived experience of infertility has the potential to facilitate more effective care and counselling in infertility across disciplines.

ii Co-creation of resources and the inclusion of narratives in professional education has the potential to improve education about infertility. However, public involvement in teaching needs to also be aligned with engagement in research and curricula design. iii Optimal nutritional status and weight support fertility and are sustainable low-cost interventions, so nutrition care should be integral in medical care and also considered in complementary therapy. iv Gluten can also negatively affect fertility. However, professional awareness of this is low, and more interprofessional education is required.

Implications

Creative enquiry and stories of experience could be used more widely in professional education across a variety of disciplines. Public involvement and engagement should be aligned across healthcare delivery, with involvement in curricula design, education in clinical settings and also in research. Person-centred infertility care should be integrative and include psycho-therapeutic support, nutrition and lifestyle medicine.

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P8 Can wearable device promote physical activity in people with musculoskeletal chronic pain- A Systematic Review.

Dr Jin Luo. Associate Professor, School of Biomedical Sciences, University of West London, London.

Dr John Hughes, Associate Professor, School of Biomedical Sciences, University of West London, London; Head of Research, Royal London Hospital for Integrated Medicine, London.

Prof. Raymond Lee. Dean Faculty of Technology, Institute of Biological and Biomedical Sciences, University of Portsmouth

Presenting: Kereaseen Oluwatoboloba Eboreime

Background

Musculoskeletal conditions could impact people across the life course, and these conditions affect the bones, joints, muscles, and spine, which leads to chronic pain, physical disability, and reduced quality of life. Physical inactivity has been identified mainly as the cause of decline in musculoskeletal health. Becoming physically active among individuals can improve musculoskeletal chronic pain and quality of life. In the UK, the National Institute for Health and Care Excellence (NICE), guidelines recommended group or individual based physical activity (PA) for musculoskeletal patients with chronic pain. Wearable technology has been identified as promising option for intervening and motivating individuals with potential advantages of enhancing traditional exercise prescriptions.

Objective. The purpose of this systematic study is to combine evidence of using wearable device to promote PA among people with musculoskeletal chronic pain. Research question. Can wearable device promote physical activity in people with musculoskeletal chronic pain?

Method

PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medline (Ovid) were searched for randomized control trials, and observational studies of wearable-based interventions from each database's inception to March 2023 in patients with musculoskeletal conditions or disorder. Data collected pertained to using wearable devices to improving physical activity, or effectiveness on symptoms (pain, function, quality of life). Quality of the study was assessed using mixed methods appraisal tool (MMAT).

Findings

A systematic search was completed in three major databases, with a complementary hand search of systematic reviews to ensure that no relevant studies were missed. Fifteen articles met eligibility criteria. Studies included patients with Osteoarthritis Hip/knee (n=8), Low-back-pain (n=3), Juvenile idiopathic arthritis (n=1) inflammatory arthritis (n=1), Spondylarthritis (n=1), and Ankylosing spondylitis (n=1). Overall, the quality of evidence when assessed was good. The findings showed significant improvement in all measures of PA participation when compared with the control group, even in the observational studies, including steps per day and intensities of PA. Heterogeneity varied across the studies which included participants, types or timing of outcome measurements and intervention characteristics.

Conclusion.

The effects of PA interventions using wearables, delivered in-person or remotely, improved PA and reduced pain."

P9 Therapist effects in Shiatsu for people with multiple sclerosis

Lisa Snelling (nae Esmonde), Northern College of Acupuncture

Kate Swainston, Newcastle University

Anna van Wersch, Professor Emerita, Teesside University

Presenting: Lisa Snelling

Examining therapist effect in Shiatsu when given to people with multiple sclerosis

Background: Therapist effect, the effect of one or more individual practitioners on overall study results, is an important part of assessing the effectiveness of psychotherapeutic interventions (Crits-Christoph et al., 1991) and is recommended for analysis of other therapist-administered interventions (Serlin et al., 2003; Walters, 2010). Therapist effect refers to the effect of individual therapists as distinct from the therapy itself and includes therapist experience, therapeutic alliance, modality of practice and adherence to a modality. In some of the literature, complementary and alternative medicine interventions (CAMs) have been described as the result of a charismatic therapist inducing a placebo response from recipients to include the factors that comprise therapist effect (Hyland, 2005, Bikker et al., 2005).

Aim: This study examined and explored therapist effect in Shiatsu when it was provided to people with multiple sclerosis (MS).

Method: Five practitioners, each working with two MS clients, gave shiatsu once weekly over six weeks in a prospective, ethnographic intervention study. Practitioners were purposively chosen and clients were elective participants. Quality of life using MSQoL-54 (Vickrey, et al., 1995) and symptoms were monitored. Sessions were recorded to permit observation of interactions and therapists and clients were interviewed to explore their expectations of shiatsu and experience of giving and receiving shiatsu.

Results: The cohort MSQoL-54 increased indicating improvement at the end of treatment and tapered during follow-up with no shiatsu. Therapist effect was present when results were analysed per therapist. Applying an adaptation of videography, triangulated with participant feedback, termed TriVi, composition of therapist effect was elucidated in five therapist cases. A biophysics-psychosocial model of the person facilitated interpretation of therapist differences. TriVi revealed that adherence to either known East Asian understanding of MS or modality of Shiatsu, appeared to be related to reported changes in troubling symptoms. Clients spoke of increased peace and resilience in addition to, or instead of, symptom amelioration, even when QoL and symptoms did not improve. The impact was congruent with the holistic approach of shiatsu explained within a biophysics-psychosocial model of the person.

Conclusion: Therapist effect is recommended to be factored into outcome studies of Shiatsu and, potentially, other therapist-administered CAM interventions. An energy, or Ki-based model of the person may further explain therapy versus therapist effect in Shiatsu or other Ki-based therapies.

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P10 Exploring the influences of personality traits on food attitude and eating behaviour in adults aged 18 and over living in the UK

Charlotte Newman¹ & Miranda D Harris²

1 Co-author, Student Nutritional Therapist

2 Corresponding author, Senior Lecturer, Registered Nutritional Therapist, MSc, SFHEA, mBANT, mCNHC, School of Allied Health and Community, University of Worcester, UK.

Presenting: Miranda Harris

Background

Food attitude and dietary behaviour directly influences the types and amounts of foods consumed within an individual's diet, which can impact health and well-being either positively or negatively. Personality is considered to consist of five traits: conscientiousness, neuroticism, extraversion, agreeableness and openness, which make up unique individual personalities affecting all areas of life including dietary behaviour.

Study aim

This study explored how different personality traits influence food attitudes and dietary behaviour, and how this may support guidelines and strategies for Nutritional Therapists and other healthcare practitioners.

Methods

An observational, retrospective, quantitative study using an online survey was conducted for adults 18 and over, living in the UK. Statistical analysis using SPSS performed non-parametric tests to look for differences and relationships between the five personality traits, food attitude and eating behaviour.

Results

145 participants aged 21-92 years participated (94.5% female, 5.5% male) and showed high average scores on agreeableness, conscientiousness and eating behaviour compared to neuroticism, extraversion, openness and food attitude. The relationship between food attitude and eating behaviour was investigated using a Spearman's rho correlation coefficient, which showed higher food attitude scores were associated with lower eating behaviour scores ($\rho = -0.016$, $n = 145$, $p = 0.845$). Further analysis was conducted to determine the relationships between food attitude and eating behaviour sub-scales, which showed significant relationships in the following; food enjoyment and vitamins and minerals ($\rho = 0.229$, $n = 145$, $p = 0.006$); food enjoyment and carbohydrates ($\rho = 0.224$, $n = 145$, $p = 0.007$); food enjoyment and drinking water ($\rho = 0.195$, $n = 145$, $p = 0.019$); food enjoyment and protein ($\rho = 0.336$, $n = 145$, $p = <0.001$); food fussiness and vitamins and minerals ($\rho = -0.268$, $n = 145$, $p = 0.001$); food fussiness and carbohydrates ($\rho = -0.232$, $n = 145$, $p = 0.005$); hunger and protein ($\rho = 0.193$, $n = 145$, $p = 0.020$); satiety scores and carbohydrates ($\rho = -0.225$, $n = 145$, $p = 0.007$); and satiety scores and fats ($\rho = -0.202$, $n = 145$, $p = 0.015$).

Conclusion

This research has provided preliminary results linking personality traits to eating behaviour and food attitude. Furthermore, it has explored relationships and differences within personality traits not previously investigated. Future research can build on these results and explore the impact of personality traits when making dietary recommendations in practices such as Nutritional Therapy"

P11 The role of Herbal Medicines: a survey exploring Healthcare Professionals' perceptions across the UK

Ms Sobha K. Sharma -Division of Natural Sciences. Medway School of Pharmacy, University of Kent, Anson Building, Central Avenue, Chatham, Kent, ME4 4TB, UK

Dr Sukvinder K. Bhamra- Division of Natural Sciences. Medway School of Pharmacy, University of Kent, Anson Building, Central Avenue, Chatham, Kent, ME4 4TB, UK

Professor Michael Heinrich- Research Group in Pharmacognosy and Phytotherapy, UCL School of Pharmacy, Univ. London, 29 - 39 Brunswick Sq., London, WC1N 1AX, UK

Presenting: Ms Sobha K. Sharma

Background: Healthcare professionals (HCPs) have a key role in optimising patient care . As the use of Herbal Medicines (HM), are on the rise it is important that HCPs have knowledge of them, to help patients make informed decisions.¹

Study aim: The aim of the study was to explore UK based HCPs personal and professional views on HM.

Methods: An online questionnaire was distributed via various networks to recruit a large range of HCPs from across the UK.

Results: A total of 1113 HCPs responses were analysed, 64% of HCPs confirmed that they regularly checked patients use of HM as part of the clinical consultation. Most patient queries were regarding HM efficacy and interactions with conventional medicines; however, 67% of HCPs did not know where to access such information and 45% were not sure or were unaware of any herb-drug interactions.

HCPs (87%) identified insufficient education and training on HM which made them unable to advise patients on the safe and effective use of HMs. HCPs (37.52%) who used HM for their own health found them effective (68%) the most frequently used HMs by HCPs were Turmeric, St Johns wort and Echinacea. However, there was some uncertainty amongst HCPs around what herbal, homeopathic and nutritional supplements were.

Conclusion: HCPs have little knowledge of HM due to limited training thus lack the confidence to respond to patient queries. There is a need to therefore review the current HM training provision for HCPs and make improvements to facilitate informed consultations as HM could have a role in improving patient care.

References:

1. Bhamra, SK, Slater, A, Howard, C, Heinrich, M, Johnson, MRD. Health care professionals' personal and professional views of herbal medicines in the United Kingdom. *Phytotherapy Research*. 2019; 33: 2360-2368. <https://doi.org/10.1002/ptr.6418>

P12 How can Chinese Herbal Medicine practitioners support localised prostate cancer patients in Active Surveillance in the UK?- A Delphi Study

Pavlina Fialova BA, PG Dip Ac, Dip CHM, Northern College of Acupuncture

Lara McClure BA (Cantab), MA (Cantab), PhD (Ebor), PGCHE, Dip CHH, Northern College of Acupuncture

Presenting: Pavlina Fialova

Background and study aim

A common treatment pathway for localised prostate cancer (LPC) is 'Active Surveillance' (AS) consisting of regular hospital-led monitoring. There is a paucity of published material considering Chinese herbal medicine support for LPC/AS patients, yet research shows that cancer patients use Chinese herbal medicine herbs, alternative therapies and other herbal remedies. This Delphi study seeks to achieve consensus on how Chinese herbal medicine practitioners can support LPC/AS patients in the UK.

Design, Method and Setting

A series of comprehensive structured literature searches were undertaken which confirmed an absence of literature in this area.

Four themes were identified of relevance to a Chinese herbal medicine practitioner supporting LPC/AS patients. The suitability of these themes was tested in an interview with an experienced practitioner and by piloting the Round 1 questionnaire with a non-participating Chinese herbal medicine practitioner.

A panel of Chinese herbal medicine practitioners was recruited (Panel) using pre-defined selection criteria and invited to participate in a Delphi study consisting of up to three rounds of structured questions considering the four themes.

Over half the questions put to the Panel sought to measure the level of consensus using a 7-point Likert scale with consensus being indicated by a median of ≥ 5 . Where other types of questions were used consensus was indicated by $\geq 75\%$ of the Panel agreeing/disagreeing with a particular statement.

There was strong consensus across all answers received for some questions, here further analysis of the Likert scores was undertaken to identify the strength of consensus in order to differentiate between the results obtained.

Results

The Panel completed up to three Delphi rounds presenting 11 questions, consensus was reached in respect of:

- The focus of Chinese herbal medicine support offered to LPC/AS patients;
- The TCM patterns LPC/AS patients seeking CHM support present with;
- The Chinese herbal medicine herbs that could be prescribed for an LPC/AS patient;
- The Chinese herbal medicine herbs that might be excluded from a Chinese herbal medicine prescription for an LPC/AS patient.

Conclusions

In the absence of extant published literature in this area, the results obtained will be beneficial to Chinese herbal medicine practitioners seeking to consider how they might support LPC/AS patients in the UK.

P13 Over-the-counter products for depression, anxiety and insomnia in older people: A scoping review

Rachael Frost

Background: Depression, anxiety and insomnia are common in later life; in addition to reduced quality of life, these are associated with multiple adverse consequences, such as increased risk of dependency, mortality, falls and use of healthcare services. There are known problems with access to psychological therapies in later life (e.g. long waiting lists) and evidence of side effects for prescription medications, including increased falls risk. Older people often express a preference to self-manage their mental health, and may actively seek over-the-counter (OTC) medication, herbal medicines or dietary supplements.

Study aim: To map the evidence available for OTC medications, herbal medicines and dietary supplements for depression, anxiety and insomnia in later life.

Methods: We carried out a scoping review of randomised controlled trials evaluating oral OTC products in people aged over 60 years with symptoms of depression, anxiety or insomnia. We searched CENTRAL, MEDLINE, EMBASE, PsycInfo and AMED (inception to Dec 2022). Titles, abstracts and full texts were screened and data extracted and summarised by condition, product and population.

Results: We screened 15339 titles and abstracts and 1367 full texts. Of the 682 full texts evaluating OTC products for depression, anxiety and insomnia, only 58 of these focussed on older people. No studies were found for anxiety, whilst 32% studies were carried out in participants with comorbid health conditions. Studies were carried out on 19 separate products, mostly dietary supplements. Analysis of effectiveness and safety data is ongoing.

Conclusion: Our scoping review shows a limited evidence base for OTC products for mental health conditions in older people. Further research needs to assess the effectiveness and safety of these products in older populations."

P14 Implementation of the new Meaningful Measures Ltd digital MYCaW® portal at Penny Brohn UK and GenesisCare for large scale data collection in a cancer wellbeing service

Rachel Johnson - Penny Brohn UK, Bristol, UK

Sally Woodd - GenesisCare, Oxford, UK

Dr Helen Seers - Meaningful Measures Ltd

Dr Marie Polley - Meaningful Measures Ltd

Presenting: Rachel Johnson

Background

Penny Brohn UK is a leading UK organisation offering integrative support to people with cancer. The Measure Yourself Concerns and Wellbeing® (MYCaW®) tool enables individualised client data to be systematically collected in consultations to inform support offered. Penny Brohn also provides wellbeing support services (holistic needs assessment, patient support, signposting, a range of therapeutic interventions) across GenesisCare™s 14 UK cancer treatment centres. The service has been evaluated using MYCaW® as its predominant outcome measure since the partnership's inception in 2014. MYCaW® was developed and validated using data from several organisations, including Penny Brohn UK from 2003 - 2017 and is now owned and licensed by Meaningful Measures Ltd. A limitation of MYCaW® is that it requires the client's concerns to be available at their follow-up session which can add to the administrative time required.

Study aim

Meaningful Measures Ltd developed a digital portal for MYCaW® (and MYMOPÂ®) in 2022 enabling practitioners or clients to complete MYCaW® directly in a digital device. This portal enables follow-up forms to automatically contain clients' original concerns, score changes to be automatically calculated on a dashboard, human administration to be reduced and a range of other features. The aim of this project was to test how well the MYCaW® digital portal can i) streamline data collection processes whilst protecting data integrity of routine data collection; ii) remove the need for manually merging pre and post datasets iii) remove the issue of non-matching ID numbers due to human error.

Methods

The first version of the portal was tested internally at Penny Brohn UK for acceptability and usability. Training was then provided to all GenesisCare Wellbeing Consultants. The digital portal was piloted between October - December 2022, before being rolled live across all 14 centres in January 2023.

Results

Overall, Wellbeing Consultants found the digital MYCaW® portal to be acceptable and 222 full data sets have been collected over 14 centres. Several improvements were suggested and made in the pilot phase. Two additional fields were added to the client form to enable each organisation to personalise those fields and short training videos for each aspect of the digital portal were produced.

Conclusion

Evaluation continues to be crucial for charities looking to demonstrate their impact to funders and using innovative technology to streamline data collection is essential. Using the digital MYCaW® tool has enabled streamlined data collection, less human error and efficient access to datasets across 14 GenesisCare cancer treatment centres.