Conclusions: In this randomised controlled trial, real acupuncture showed significant pain reduction and increased range of motion and seems to be an effective add-on treatment in patients visiting ER for acute back or neck pain.

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OP-034

Effectiveness of acupuncture in controlling pain-related psychopathology following total prothesisation of the knee

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Aim: The aim of this study is to investigate the efficacy of acupuncture on several aspects of the psychopathology related to pain. The study sample was composed of two groups of participants who underwent a procedure of total knee prothesisation: group 1 (25 subjects) received traditional acupuncture while group 2 (25 subjects) served as the control group. We used Barratt Impulsivity Scale 11 (BIS-11), Beck Depression Inventory II (BDI-II), State Trait Anxiety Index X (STAI-X), Brief Pain Inventory short version (BPI-sv), Satisfaction With Life Scale (SWLS). A test-retest design was conducted to analyse the effect of the treatment, and the differences between the two groups were tested by analysis of variance (ANOVA)

No conclusion

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OP-035

Osteopathic manipulative treatment is effective in pain control associated with spinal cord injury

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Background: Pain in patients with spinal cord injury (SCI) is a common occurrence, with an incidence ranging between 65% and 80% of the subjects. One-third of these subjects experience severe pain, and these patients develop allodynia and hyperalgesia. Symptoms potentially originate in any moment of the patient history influencing patient psychological and social functioning. Pain affects quality of life, causes substantial morbidity, with worsening of the disability, and reduced involvement in rehabilitation programme. Several therapeutic strategies are used, including pharmacological treatment (analgesics, opioids and non-steroidal anti-inflammatory Drugs (NSAIDs)). Pain management in these patients is difficult and complete recovery is rare. Osteopathic manipulative treatment (OMT) is efficacious for the relief of chronic pain related to osteoarthritis and/or inflammatory conditions. Clinical trials on OMT in patients with SCI-related pain, to the best of our knowledge, have not been published.

Aim: The study aims to verify the effects of the association between conventional pharmacological treatment and osteopathic manipulative treatment (OMT) for chronic pain management in SCI. Setting: Spinal Unit, Ospedale Niguarda Ca’ Granda, Milan, Italy; Istituto Superiore di Osteopatia, Milan, Italy.

Methods: A total of 47 patients with SCI were enrolled, 26 with pain of both nociceptive and neuropathic origin and 21 with pure neuropathic pain. Thirty-three patients had a complete spinal cord lesion (ASIA level A) and 14 had incomplete lesion (ASIA levels B, C and D). The patients were subdivided in a pharmacologic group (Ph), a pharmacologic osteopathic (PhO) group and an osteopathic (Os) group. The Verbal Numeric Scale (VNS) was used at various time intervals to evaluate treatment outcomes.

Results: Ph patients reached a 24% improvement in their pain perception, assessed by the VNS scale after 3 weeks of treatment, while Os patients reached a 16% improvement in their pain perception for the same duration. Both treatments per se failed to induce further improvements at later time points. In contrast, the combination of the two approaches yielded, in the PhO group, significantly better pain relief in patients with both nociceptive and pure neuropathic pain.

Conclusions: Our results suggest that the OMT is a feasible approach in patients in whom available drugs cannot be used.

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OP-036

Fibromyalgia, hypoxia and oxidative stress. Why Cellfood?

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Background: Fibromyalgia (FM) is a chronic pain syndrome with increased sensitivity to painful stimuli, accompanied by depression, anxiety, fatigue and sleep disturbances. Despite its high prevalence, its aetiology is still unknown and there are no effective treatments. However, in recent years, a possible pathogenic role of oxygen availability has been suggested, thus opening the doors to a non-pharmacological approach. Indeed, patients with FM showed low muscle oxygenation at least in the ‘trigger points’ and abnormal systemic biomarkers of oxidative stress, respectively. On the other hand, in chronic pain disorders endogenously generated reactive oxygen species may impair spinal cord neuron transient receptor potential V1 and A1 that act as nocisensors, thereby producing systemic pain conditions without central sensitisation through neural cross-talk. Unfortunately, classical antioxidants such as coenzyme Q10 may counteract only partially FM-related oxidative stress that seems generated primarily by an impaired oxygen bioavailability. In this context, in a 6-month single-blind, cross-over, randomised placebo-controlled trial of CellfoodTM (Eurodream, La Spezia, Italy, from NU Science Corporation, CA, USA), a non-addictive, completely non-toxic, unique colloidal formula containing finest all-natural, minerals, enzymes and amino acids from Lithothamnium calcareum was able to significantly improve clinical symptoms and quality of life in FM patients. These effects now can be attributed to the recently demonstrated ability of CellfoodTM to stimulate oxygen consumption and to
improve antioxidant defences under either hypoxia or oxidative stress, respectively.

Conclusions: Although further studies must confirm these preliminary data, Cellfood™ appears a very promising prototype of a novel class of ‘physiological modulators’ that by making available O2 ‘on-demand’ can successfully counteract FM symptoms.

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OP-037

Traditional Chinese medicine in Italy: a hospital experience in Turin

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Acupuncture, traditional Chinese medicine (TCM) are considered complementary medical sciences with great social importance in Italy. Further, Italian National Federation of Medical Associations has recognised their role in a common Act in Terni since 2002. Complementary medicine use in Italy is progressively increasing and many regions established public services for such therapies as acupuncture. A TCM outpatients’ clinic was founded in San Giovanni Bosco Hospital and in one of its territorial multidisciplinary centres according to the ‘Italy–China: a Health Bridge’ project supported by ASL 4 and Regional Health Department. In Piemonte, as in other Italian regions, we assist an increasing interest about complementary medicine knowledge and development to give patients and doctors more awareness regarding therapeutic choices. Complementary medicine therapies, TCM in particular, are considered effective treatments with the aim of relieving pain, treating diseases and improving health. Besides, they have a very good cost–efficiency balance and this is a very welcome quality in public medical service. In our centre, we treat patients selected by expert physicians with acupuncture and moxa. TCM activity is developed by recognised medical personnel with an Italian Acupuncture Diploma, supported by nurses, administrative personnel and expert researchers in complementary medicine. Our activity started in September 2007. From 2009 to 2011, 3525 acupuncture sessions were performed treating 383 patients affected mainly by headache or musculoskeletal pain. The plan of treatment includes 1 session a week for 8 subsequent weeks. We investigated the results of treatment by means of the Questionnaire SF-36, a short-form health survey. For the SF-36 Questionnaire, 138 patients were interviewed at the beginning and the end of acupuncture treatment; we observed improvement in bodily pain, social function, role emotional, mental health and mental component summary. Men show generally a higher score before treatment and after treatment only bodily pain improve, whereas women more handicapped before treatment take full advantage after this. Bodily pain has improved in all age groups. Headache patients improve significantly only with respect to bodily pain (other questionnaire dimensions are not significantly affected before treatment). On the contrary, musculoskeletal pain patients show multidimensional improvement and better health perception after treatment as measured by SF-36. Due to successful approval of our activity, we are now coping with a long waiting list up to 10 months. Our centre’s most important aim, at the present time, is to improve knowledge and diffusion of traditional medicines as an effective and useful complement of Western modern pharmacological and surgical therapies.

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OP-038

Rosa canina L. extract in the treatment of orthopaedic chronic pain: result of a clinical trial

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Background: The in vivo effects of Rosa canina extracts are still poorly investigated. Evidence of its efficacy as anti-inflammatory is inconclusive and conflicting.

Aim: To verify the activity of Rosa canina extracts in patients suffering from chronic hip pain due to arthrosis.

Methods: All patients have been planned to be implanted with hip prosthesis, as all previous medical and physical intervention resulted insufficient for the control of the algic and functional symptoms. Crushed Rosa canina fruits were first macerated for 12h in ethanol/water (50/50, v/v) and then percolated. The residual crushed material was subsequently re-percolated three times for 4h. The extract solutions were concentrated under vacuum at T<50 ºC. Each capsule contains 350 mg of the extract and 145 mg of unextracted powder. The study design was randomised, double-blind, placebo-controlled and parallel. A total of 219 patients were randomised in blocks of four. For the first 3 weeks, they recorded the assumption of anti-inflammatory conventional drugs in a flush period. Then, they were instructed to take 3 capsules a day for 4 months, each capsule containing rose hips or placebo. Usual care was continued in both groups. Physical and mental status at beginning and at the end of the period were quantitatively assessed by means of the Harris Hip Score calculated by the surgeon and by two different questionnaires (Western Ontario and McMaster Universities Arthritis Index (WOMAC) and Short Form (36) Health Survey (SF36)) filled by the patient.

Results: Drop out from the trial occurred for 28 placebo and 20 active group patients, with no significant differences for reason in the two groups. The remaining 81 placebo and 90 active group patients completed the trial at baseline; there were no relevant differences between the two groups for age, gender, body mass index, level of disability and perception of physical impairment and consumption of analgesic. After the 4-month treatment, a decrease in the use of analgesic was observed (1.2 doses decrease per week in patients treated with rose hips and 1.3 in patients given placebo. No statistically significant differences were appreciated in the clinical evaluation (Harris Hip Score) and in the physical and mental status between the beginning and the end of the treatment. This was true for both groups.