

tionnaire (COPSOQ) questionnaires and visual analogue scale (VAS) for sleep quality after 3 and 6 months and changes in the MBI after 6 months.

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OP-091

Developing clinical practice guidelines for the treatment of polycystic ovary syndrome with Chinese herbal medicine: a mixed-method modified Delphi study

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Background: Polycystic ovary syndrome (PCOS) is the most common female reproductive endocrine disorder, affecting 6–18% of women of reproductive age. Chinese herbal medicine (CHM) is gaining popularity in the UK and has been historically effective for symptoms of PCOS. However, it remains unclear what constitutes routine clinical practice in CHM in order to conduct further rigorous research.

Aim: The aim of this study was to develop clinical practice guidelines for the treatment of PCOS using CHM.

Method: Following a modified Delphi method, CHM practitioners were purposively sampled and interviewed to explore their views on CHM prescribing for PCOS. Interviews were transcribed verbatim and thematic and framework analysis was applied to transcriptions to formulate statements of key clinical practice points. These statements were distributed via an online questionnaire to the same herbalists who were invited to rate their agreement with each statement on a 7-point Likert scale. Group consensus on a statement was defined *a priori* as a median Likert score of 5 or more. Questionnaire statements not reaching consensus were re-distributed to herbalists for re-consideration via a further questionnaire.

Results: Eleven CHM practitioners based in the UK were recruited. Six themes emerged from interviews and 85 statements regarding clinical practice were produced. When these were distributed via a questionnaire, 83 reached group consensus (97.6%) with a response rate of 100%. In the subsequent questionnaire containing eight statements, six reached group consensus (75%) with a response rate of 100%. A total of 84 statements are presented in the concluding set of clinical practice guidelines, each one included following an assessment of relevance to clinical practice, which was independent of final group consensus rating. These statements were graded from A (strong consensus) to D (consensus not achieved), determined by considering the median and interquartile range of responses per statement.

Conclusion: The Delphi method has been used successfully to facilitate a systematic and rigorous practitioner consultation exercise. This has resulted in the development of clinical practice guidelines that reflect routine CHM prescribing practices for

PCOS. These guidelines will be used to inform the design of a forthcoming clinical study.

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Selecting acupuncture treatment for hot flashes: a Delphi consensus compared with a clinical trial

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Background: The diagnostic process in traditional Chinese medicine is complex, unique. It is a procedure that guides the practitioners to establish for themselves a correct treatment according to their theoretical knowledge and clinical experience within Chinese medicine.

Aim: To develop a treatment protocol that was required for a trial of traditional Chinese acupuncture for menopausal hot flashes (ACUFLASH). A study that aimed to generate a consensus of the opinions of expert practitioners was set up, though the trial commenced before the process had been completed.

Method: A panel of 10 experts was included in an e-mail Delphi process: four from Norway, two from the UK, one from Australia, one from China and two from the USA. The experts were asked to suggest the syndromes they would expect to be diagnosed most frequently in women with menopausal hot flashes. They were asked to list the symptoms they would use to diagnose the individual syndromes, and the points they would use to treat them.

Results: After six rounds of the Delphi process, consensus was achieved on eight syndromes, and on about five indicative symptoms for each syndrome and on five to eight acupuncture points for treatment. The experts suggested eight syndromes, and the practitioners used five: four syndromes were common to both groups.

Conclusions: The results of the present consensus study imply that there is a need for further research into different traditions and experiences of syndrome diagnoses and associated point selections in a range of patients (e.g., different age, cultural or racial groups), and in different training traditions, and any differential effects on patient outcomes. Eight out of 10 international acupuncture experts were able to reach consensus on the syndromes, symptoms and treatment of postmenopausal women with hot flashes. The syndromes were similar to those used by practitioners in the ACUFLASH clinical trial, but there were considerable differences between the acupuncture points. This difference is likely to be the result of differences in the approach of training schools, and whether it is relevant for clinical outcomes is not well understood.

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