

Recent research



The following papers are available to UK registered osteopaths and final year osteopathy students via the ozone, the General Osteopathic Council website:

<https://www.osteopathy.org.uk/ozone/resources/research/research-journals/>

Cerritelli F, Ginevri L, Messi G, et al 2015. **Clinical effectiveness of osteopathic treatment in chronic migraine: 3-Armed randomized controlled trial.** *Complementary Therapies in Medicine*, 23(2);149-156. Available online at <http://bit.ly/osteo-chronic-migraine>

Cerritelli F, Caprari E, Di Vincenzo M, et al 2013. **Is osteopathic manipulative treatment effective in migraine?** *International Journal of Osteopathic Medicine*, 16(1);e1-e2. Available online at <http://bit.ly/osteo-migraine>

Machado GC, Maher CG, Ferreira PH et al 2015. **Efficacy and safety of paracetamol for spinal pain and osteoarthritis: systematic review and meta-analysis of randomised placebo controlled trials.** *BMJ*, 2015;350:h1225. Available online at <http://bit.ly/paracetamol-back-pain>



Need some help making sense of the papers? Visit:
<http://bit.ly/ncor-critical-appraisal>
for some help with how to critically review a paper.

NCOR systematic review campaign

Our campaign to raise funds to research the care of children by manual therapists is entering its final weeks. Huge thanks to everyone who has donated!

There is still time for you to be involved. Remember that all donors will receive an early copy of the report.

<http://www.ncor.org.uk/donate>

This research will help demonstrate how osteopathy is a mature profession, that we are capable of reflecting on our practice, and that osteopathy is truly international in scope. The review will also highlight areas where research has been conducted, and show where there are gaps in the literature.

Osteopaths throughout the world have supported us with donations and pledges. This has been hugely encouraging, and all of us at NCOR look forward to working with our international colleagues increasingly in the future.

Please follow us on social media (links at the bottom of this bulletin) and watch for our updates. Help us spread the word, and you can make a real difference to our campaign.

Osteopathy and migraines

Two papers have been published in the last two years by Cerritelli and colleagues (2013, 2015) suggesting that osteopathic manipulative therapy (OMT) may be effective for treating migraines. The 2015 trial divided 105 chronic migraine patients into three groups of 35. The groups received one of the following:

- Usual medication
- Usual medication plus OMT
- Usual medication plus "sham" OMT

This is a common design for randomised controlled trials: patients are randomly assigned to one of the groups, and a "sham" treatment is given which must be indistinguishable from the treatment being investigated.

One question to ask when reading a trial with this design is how convincing the sham treatment would be. Cerritelli et al (2015) state their sham assessment used conventional osteopathic tests but "without putting an intention in the diagnosis". The sham treatment is described as "light manual contact" to anatomical areas the operator selected themselves. There was no standardisation of this process since the authors felt variability would make the sham less distinguishable from genuine OMT.

How do you feel about Cerritelli et al's sham assessment and treatments? Do you think they would feel convincing and credible? How would you check whether patients could distinguish sham from genuine OMT in a trial using this design?

Patients in the "usual medication" group were permitted to change their medication, whereas patients

in the "usual + OMT" and "usual + sham" groups were not.

How might this affect the outcomes? Why was this decision taken? Would you take a different decision, and why?

One technically challenging question is why the authors chose a "permuted block" randomisation strategy instead of pure randomisation. Block-based randomisation produces equally-sized groups, however there is a trade-off for this convenience: trial staff may be able to work out which block they have been allocated to. Consequently this needs careful control. You can read more about permuted block randomisation at <http://bit.ly/permuted-block>

Paracetamol and back pain

Machado et al's recent paper was picked up by many major news outlets. While osteopaths are not permitted to prescribe or advise on medication, our patients will no doubt ask about this topic, so it is good to understand the details of the research.

The full paper is freely available and gives a detailed insight into how a systematic review is conducted.

Keeping up to date



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