reatment (75.2%, n = 985) for back pain in the previous twelve months. The most commonly consulted CAM practitioners were massage therapist, chiropractor, acupuncturist, herbalist/naturopath, meditation/yoga practitioner, osteopath and the most commonly self-prescribed CAM treatments were supplements, vitamins/minerals, yoga/meditation, herbal medicines, aromatherapy oils. Women's attitudes towards CAM as providing greater control over their body/health, perceiving CAM as natural or promoting a holistic approach to health had a significant influence on their choice of CAM for back pain. Women's decisions on CAM use for back pain were influenced by professional information sources (e.g., doctors; 43%, CAM practitioner; 30%, pharmacist; 20%) as well as nonprofessional information sources (e.g., friends/colleagues; 39%, family/relatives 36%, Internet; 6%). Women's consultations with CAM practitioners are diminished with increased consultations with GPs. However, the use of self-prescribed CAM for back pain by women was 1.86 (95% CI: 1.33, 2.6) times more likely if they consulted a GP once or twice in the previous twelve months and 1.59 (95% CI: 1.14, 2.22) times more likely if they consulted a GP more than three times in the previous twelve months. Information sources used by women for their decision-making on CAM use differed according to their symptoms. While non-professional information sources positively influenced women in their decision to use CAM for a range of back pain related symptoms, doctors and allied health workers negatively influenced women in their decision to consult a CAM practitioner for a range of back pain related symptoms. Of the women who used CAM for their back pain, 20% consulted their GP prior to using CAM and 34% always informed their GP following CAM use.
Conclusion: This study gives insights for health care providers and policy makers on the range of CAM treatments used by back pain sufferers. Conventional medical practitioners and CAM practitioners should be aware of back pain sufferers' decision-making regarding a range of CAM treatments and be prepared to communicate with patients on safe and effective CAM treatments for back pain. The study highlights a need for further research to examine this topic more closely, and to develop policy in relation to CAM use in back pain.

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Poster presentations
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Relieving pressure – An evaluation of shiatsu treatments for cancer and palliative care patients in an NHS setting

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Introduction: The study investigated the effectiveness of Shiatsu therapy in relation to the management of health and wellbeing concerns of cancer and palliative care patients in an out-patient clinic.
Method: Patients are referred to the service for symptom management, particularly stress and anxiety, but also other symptoms such as nausea or insomnia. Data was collected following use of the Measure Yourself Concerns and Wellbeing (MYCaW) questionnaire, which was designed for evaluating supportive care interventions.
Results: Mean changes in post-intervention MYCaW scores were highly significant ($p < 0.001$), demonstrating considerable improvements in both presenting symptoms and perceptions of wellbeing. Based on a significance level of 0.05, both the Wilcoxon signed-ranks test and the two-tailed t-test indicated that post-treatment ranks and means were statistically signifi- cantly lower than pre-treatment ranks and means in the three categories.
Conclusion: Anxiety, stress management and pain scores were the most improved. Wellbeing scores also improved, on average, by two points on the Likert scale. Patients have stated that 'being listened to' and 'being heard' were important factors when describing how Shiatsu had helped. We suggest that a study using larger numbers is necessary in order to provide more robust evidence rather than emerging trends. In view of the results, we consider Shiatsu to be a relatively safe and effective therapy in cancer and palliative care settings.

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