Complementary and Alternative Medicine in Palliative Care

Karen Washburn, MSW ACSW
Director of QLife/Palliative Care
Lee Memorial Health System

October 14, 2011
Objectives

- Understand the medical evidence regarding CAM
- Understand the role of CAM in palliative care
- Develop an understanding of the potential for CAM in the future of palliative care
- Experience relaxation/guided imagery
WHAT is CAM?

Alternative Therapy

- the term used to describe any medical treatment or intervention that has not been sufficiently scientifically documented or identified as safe and effective for a specific condition.

- Alternative therapy encompasses a variety of disciplines including acupuncture, guided imagery, chiropractic treatment, yoga, hypnosis, biofeedback, aromatherapy, relaxation, herbal remedies, massage and many others.
WHAT is CAM?

CAM – Complementary and alternative medicine

Defining CAM is difficult, because the field is very broad and constantly changing.

National Center for Complementary and Alternative Medicine, National Institutes of Health (http://nccam.nih.gov) defines CAM as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals.

The boundaries between CAM and conventional medicine are not absolute, and specific CAM practices may, over time, become widely accepted.
WHAT is CAM?

Integrative Medicine

- Medical care that combines the very best scientific medicine with evidence-based complementary therapies
- It combines conventional Western medicine with alternative or complementary treatments, such as herbal medicine, acupuncture, massage, biofeedback, yoga, and stress reduction techniques -- all in the effort to treat the whole person.
Why CAM?

1) patient dissatisfaction with conventional medical care
2) a need for personal control
3) philosophical congruence

Negotiating the Alternatives: How and Why People use Alternative Medicine.

Bonafede M, Chin NP; AcademyHealth. *Abstr AcademyHealth Meet.* 2004; 21: abstract no. 1080. University of Rochester, School of Medicine and Dentistry, Community and Preventive Medicine, Box 644, 601 Elmwood Avenue, Rochester, NY 14642 Tel. (585) 273-2617 Fax
Who uses CAM?

![CAM Use by U.S. Adults and Children](chart)

Who uses CAM?

CAM Use by Age - 2007

Who uses CAM?

**CAM Use by Race/Ethnicity Among Adults - 2007**

- **American Indian/Alaska Native**: 50.3%
- **White**: 43.1%
- **Asian**: 39.9%
- **Black**: 25.5%
- **Hispanic**: 23.7%

Who uses CAM?

10 Most Common CAM Therapies Among Adults - 2007

Therapies with significant increases between 2002 and 2007 are:

- Deep breathing: 11.6% to 12.7%
- Meditation: 7.6% to 9.4%
- Massage: 5.0% to 8.3%
- Yoga: 5.1% to 6.1%

What is being used

10 Most Common Natural Products Among Adults* - 2002

- Echinacea: 40.3%
- Ginseng: 24.1%
- Ginkgo Biloba: 21.1%
- Garlic Supplements: 19.9%
- Glucosamine: 14.9%
- St. John’s Wort: 12.0%
- Peppermint: 11.8%
- Fish Oil Omega 3: 11.7%
- Ginger Supplements: 10.5%
- Soy Supplements: 9.4%

*Percentages among adults who used natural products in the last 12 months.

What is being used

10 Most Common Natural Products Among Adults* - 2007

<table>
<thead>
<tr>
<th>Product</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fish Oil/ Omega 3</td>
<td>37.4%</td>
</tr>
<tr>
<td>Glucosamine</td>
<td>19.9%</td>
</tr>
<tr>
<td>Echinacea</td>
<td>19.8%</td>
</tr>
<tr>
<td>Flaxseed Oil/Pills</td>
<td>15.9%</td>
</tr>
<tr>
<td>Ginseng</td>
<td>14.1%</td>
</tr>
<tr>
<td>Combination Herb Pills</td>
<td>13.0%</td>
</tr>
<tr>
<td>Ginkgo Biloba</td>
<td>11.3%</td>
</tr>
<tr>
<td>Chondroitin</td>
<td>11.2%</td>
</tr>
<tr>
<td>Garlic Supplements</td>
<td>11.0%</td>
</tr>
<tr>
<td>Coenzyme Q-10</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

*Percentages among adults who used natural products in the last 30 days.

"I like to practice before I start acupuncture treatment!"
“The market for alternative medicine is vast and growing, ... This trend must be guided by scientific inquiry, clinical judgment, regulatory authority and shared decision-making.”

David Eisenberg

Associate Professor of Medicine David M. Eisenberg is the Director of the Division for Research and Education in Complementary and Integrative Medical Therapies and the Osher Institute at Harvard Medical School.
History

"Unconventional Medicine in the United States: Prevalence, Costs, and Patterns of Use" Eisenberg et al. NEJM Jan 1993

The article contributed significantly to the recent explosion of interest in "alternative medicine" in the United States.

The paper reports a telephone poll of 1539 people on their use of "unconventional" methods on the previous year.

This has become one of the most frequently cited articles in the alternative medical literature

1993 NEJM report, the “Dietary Supplement Health and Education Act (DSHEA)” freed the health food industry from much of the regulatory oversight of the FDA

Bill Moyers' PBS series "Healing and the Mind," 1993
Techniques

- Mind-Body Therapies
- Relaxation/imagery
- Supportive group therapy
- Acupuncture/TENS
- Chiropractic Treatment and Massage
- Therapeutic Touch and Reiki Healing
- Nutritional Supplements
- Herbal Remedies
“We found there were people doing acupuncture, meditation, naturopathy and other forms of alternative or complementary medicine ... but it was being done in a disorganized way.”

Albert Einstein
The Evidence

In 2000, The efficacy of a CAM modality was evaluated in 21 studies of symptomatic adult patients with incurable conditions

- Acupuncture, TENS, supportive group therapy, self-hypnosis, and massage therapy may provide pain relief in cancer pain or in dying patients.
- Relaxation/imagery can improve oral mucositis pain.
- Patients with severe chronic obstructive pulmonary disease may benefit from the use of acupuncture, acupressure, and muscle relaxation with breathing retraining to relieve dyspnea.

"Complementary and alternative medicine in the management of pain, dyspnea, and nausea and vomiting near the end of life. A systematic review."

The Evidence

In 2006, Eighteen trials were identified with a total of 1,499 patients evaluating CAM interventions for cancer pain. Hypnosis, imagery, support groups, acupuncture, and healing touch seem promising, particularly in the short term.

The Evidence

In 2008, Twenty-seven randomized controlled clinical trials of acupuncture were found that reported on conditions common to the hospice and palliative care setting:
- dyspnea, nausea and vomiting, pain
- 23 reported statistically significant results favoring acupuncture use for the conditions investigated.
- Acupuncture is safe and clinically cost-effective for management of common symptoms in palliative care and hospice patients.
- Acupuncture has potential as adjunctive care in palliative and end-of-life care, and the evidence warrants its inclusion in reimbursed palliative and end-of-life care in the United States.

“Acupuncture is underutilized in hospice and palliative medicine”
Conclusions

- Acupuncture, relaxation, massage, Hypnosis, imagery, support groups, acupuncture, and healing touch have evidence.
- Acupuncture, TENS, supportive group therapy, self-hypnosis, and massage therapy may provide pain relief in cancer pain or in dying patients.
- Relaxation/imagery can improve oral mucositis pain.
- Patients with severe chronic obstructive pulmonary disease may benefit from the use of acupuncture, acupressure, and muscle relaxation with breathing retraining to relieve dyspnea.
Cultural influences contributing to growth

- Study of 1,000 Mexican Americans living in Texas found approximately 45% of them had used CAM (Martinez, 2009)
- 82% of 153 Chinese American patients accessing mental health services at community health centers in NYC reported current use of complementary therapies (Fang and Schinke, 2007)
- Caribbean Island influence
Practice Issues

- Know your community
- Patient Assessment
- Scope of Practice
Self-Care

Practitioner – heal thy self