

The Growing Role of Complementary and Alternative Medicine (CAM) in Palliative Care

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What does CAM
mean to you?

ICE BREAKER



OBJECTIVES

1

Recognize common barriers in recommending complementary and alternative medicine

2

Examine current evidence-based recommendations for treating common symptoms

3

Identify and utilize available resources to guide use of complementary and alternative medicine in palliative care

OUTLINE



History of CAM



Current use of CAM



Barriers in practicing CAM



Evidence for practicing CAM



Guide for using CAM in palliative medicine



My Story

Conventional Medicine

NIH Definition:

- ▶ a system in which health professionals who treat symptoms and diseases using drugs, radiation, or surgery. It may also be called allopathic medicine, biomedicine, Western, mainstream, or orthodox medicine. Some conventional medical care practitioners are also practitioners of CAM.

20th Century:

- ▶ Connection between medicine and science --> Laws in place that require doctors to know basic biological sciences

National Recognition



1991

Office of Alternative Medicine



2001

NCCAM & National Library of
Medicine launch CAM on
PubMed



2018

NCCIH launches 1st mobile
app, HerbList



National Center for
Complementary and Alternative
Medicine

1998



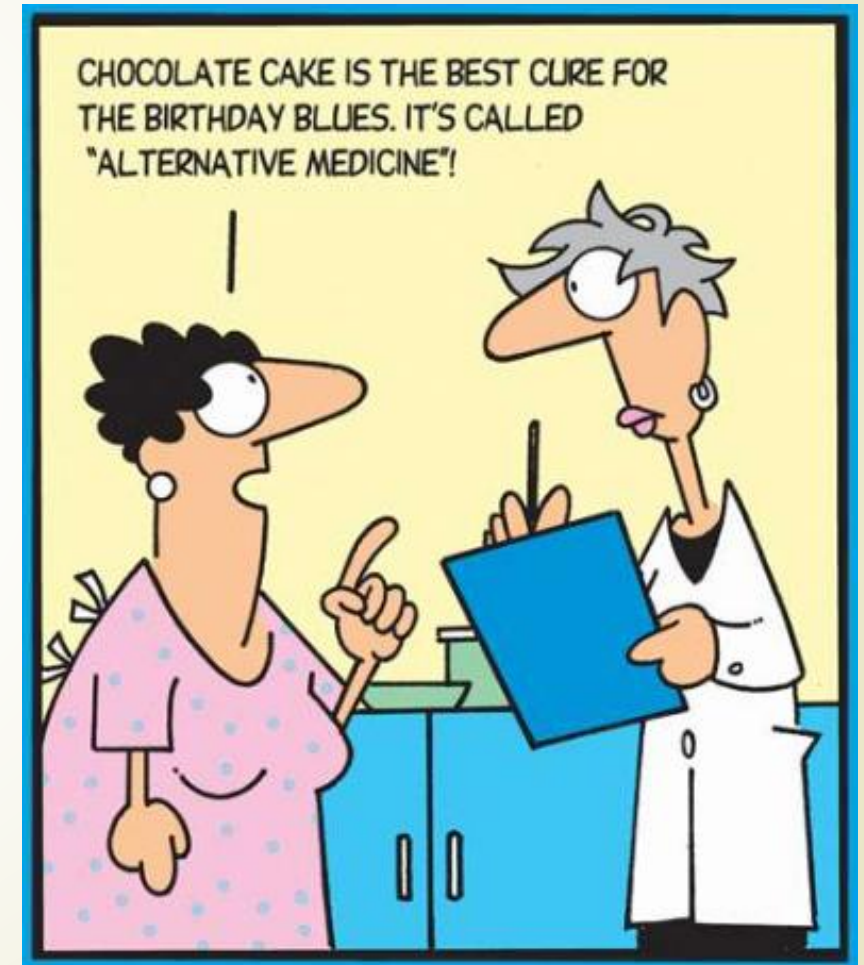
Name changed to National
Center for Complementary and
Integrative Medicine

2014



NIH Definition of CAM

- **Complementary and Alternative medicine** is a group of diverse medical and health care systems, practices, and products that are not part of conventional medicine.
 - **Complementary medicine is used alongside standard therapy.**
 - **Alternative medicine is used in place of standard therapy.**





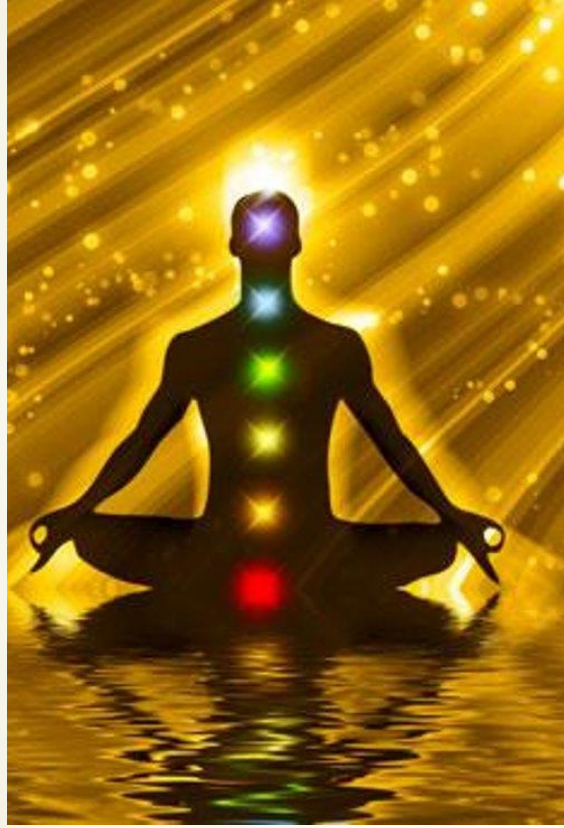
NIH Definition of Integrative Health

- 
- Approach to medical care that **combines conventional medicine with CAM practices that have shown through science to be safe and effective**. This approach often stresses the patient's preferences, and it attempts to address the mental, physical, and spiritual aspects of health.

History of CAM



Ayur Vedic



Reiki

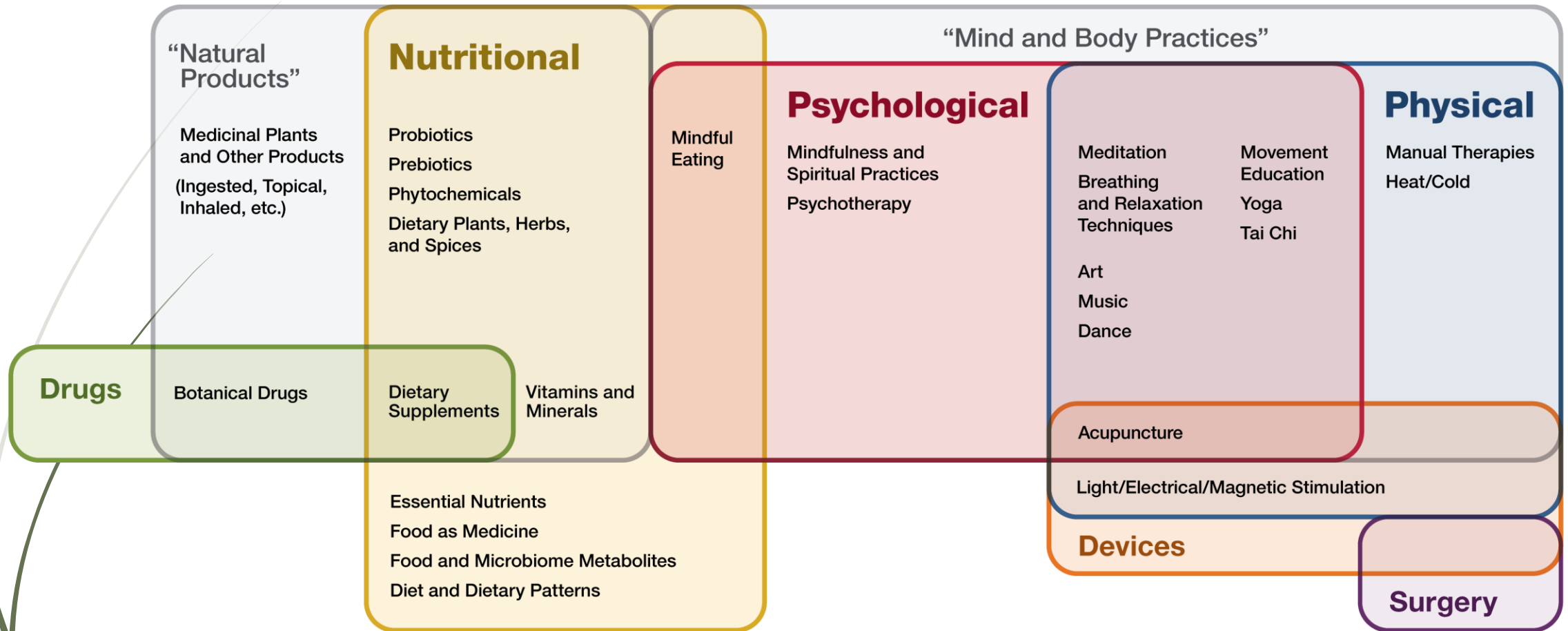


Traditional Chinese
Medicine

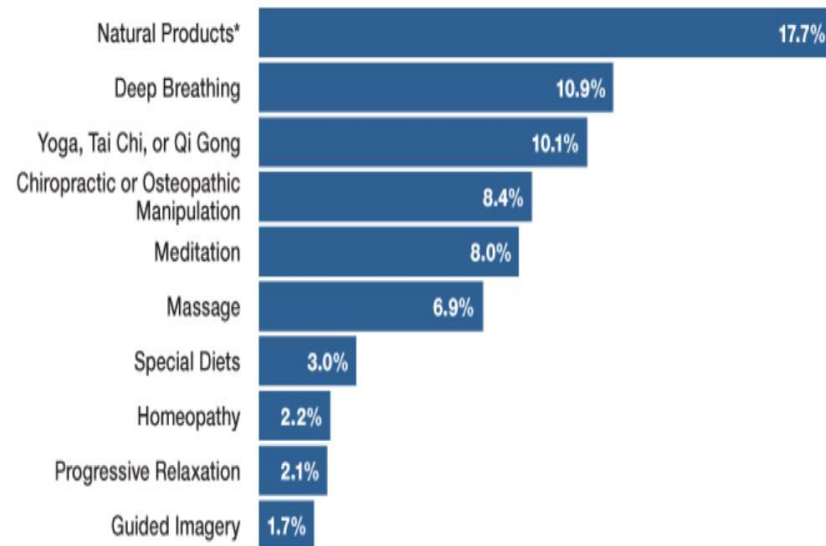


Ancient Aztec
Medicine

Different Practices of CAM



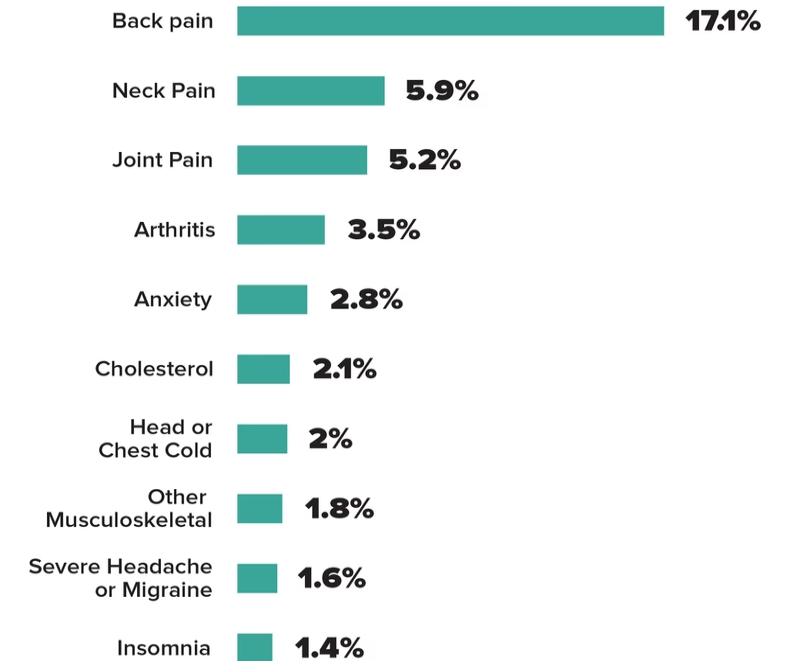
10 most common complementary health approaches among adults—2012




*Dietary supplements other than vitamins and minerals.

Source: Clarke TC, Black LJ, Stussman BJ, Barnes PM, Nahin RL. Trends in the use of complementary health approaches among adults—United States, 2002–2012. *National health statistics reports*; no 79. Hyattsville, MD: National Center for Health Statistics; 2015.

PERCENTAGE OF AMERICAN ADULTS USING COMPLEMENTARY THERAPIES, BY CONDITION



Data: [CDC National Health Statistics Report #12](#); Chart: Lauren Giordano / *The Atlantic*



How often do you consider using a form of CAM in your practice?

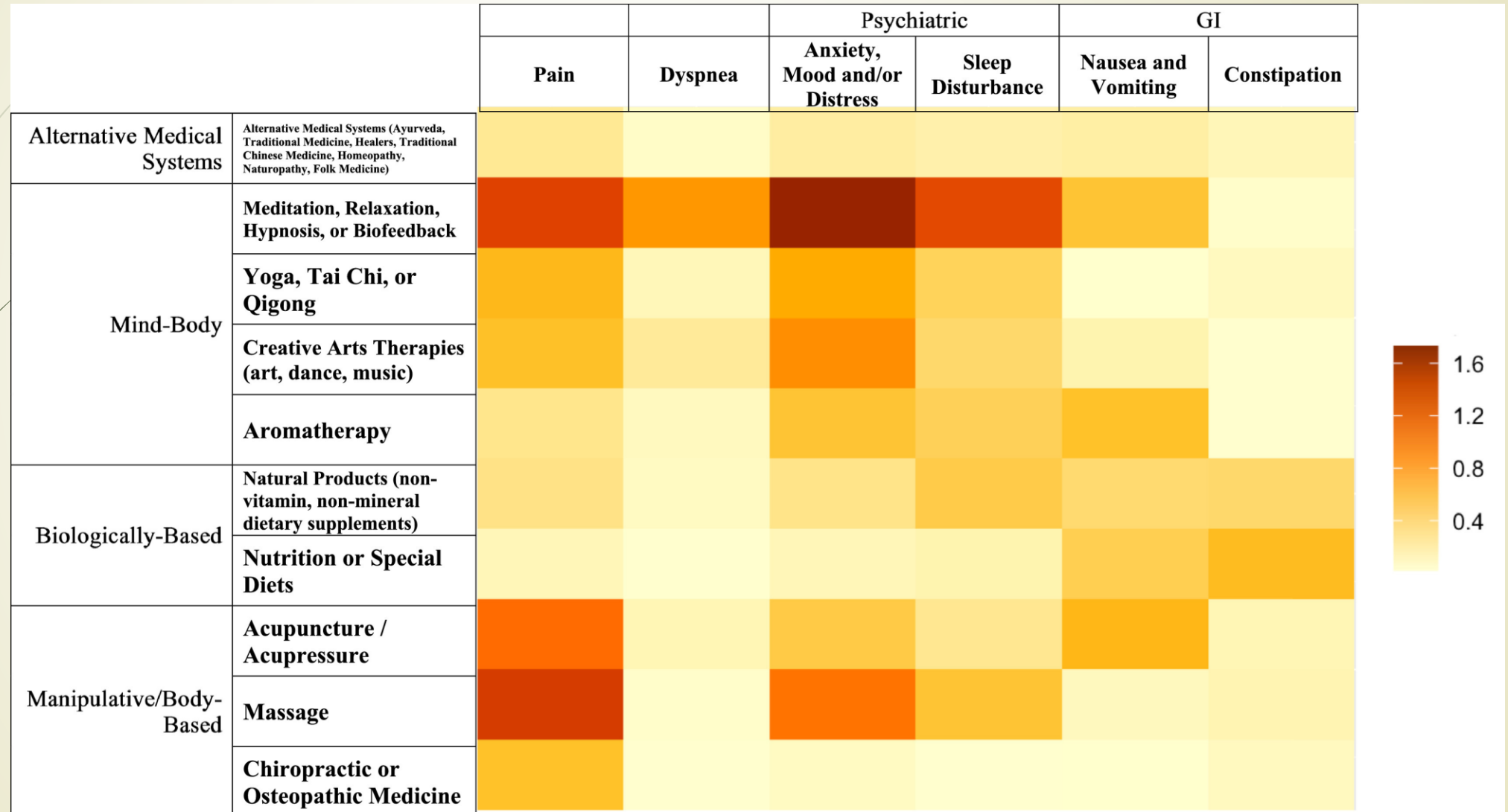
- ▶ A. Not at all
- ▶ B. Sometimes
- ▶ C. Often
- ▶ D. Always



What do providers commonly use CAM for?

- ▶ A. Pain
- ▶ B. Anxiety
- ▶ C. Insomnia
- ▶ D. Fatigue
- ▶ E. GI Symptoms

How Physicians Are Using CAM in the US





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Current Barriers to Using CAM

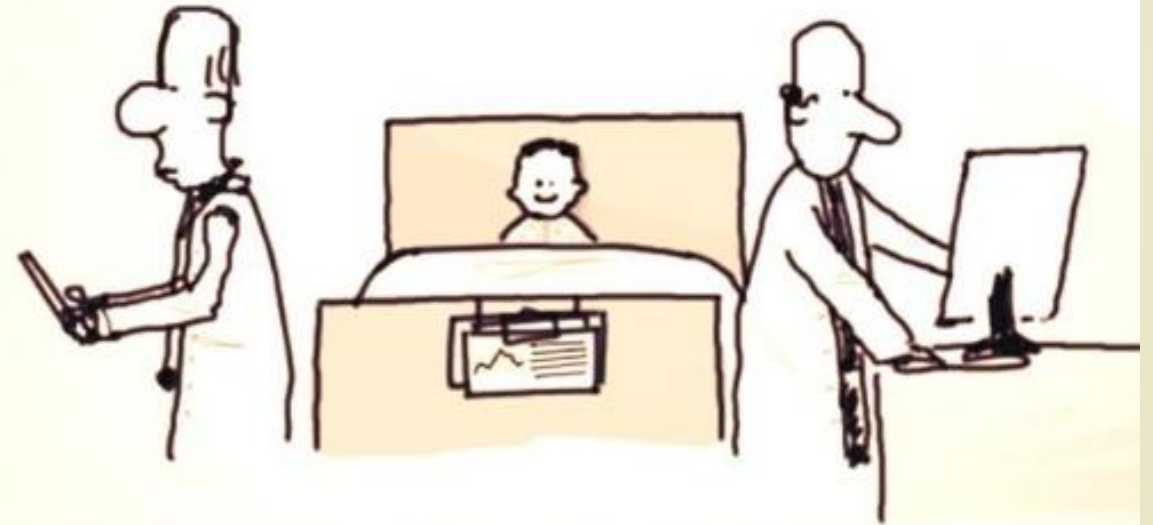
Quality of Care

NO RULES

NO TRAINING

NO LIABILITY

PATIENT-CENTERED CARE



Concept by Sachin Jain, Art by Matthew Hayward © 2014 All Rights Reserved

Quality of Products

NO ASSESSMENTS

NO REGULATION

NO INFORMATION



Quality of Science

NO CONVENTIONAL
EVIDENCE

NO COMPARISON
STUDIES

NO SAFETY
GUIDELINES

Well RCTs are
the gold standard.



They're like a shiny rock
that only has value
because people with a
vested interest say so?



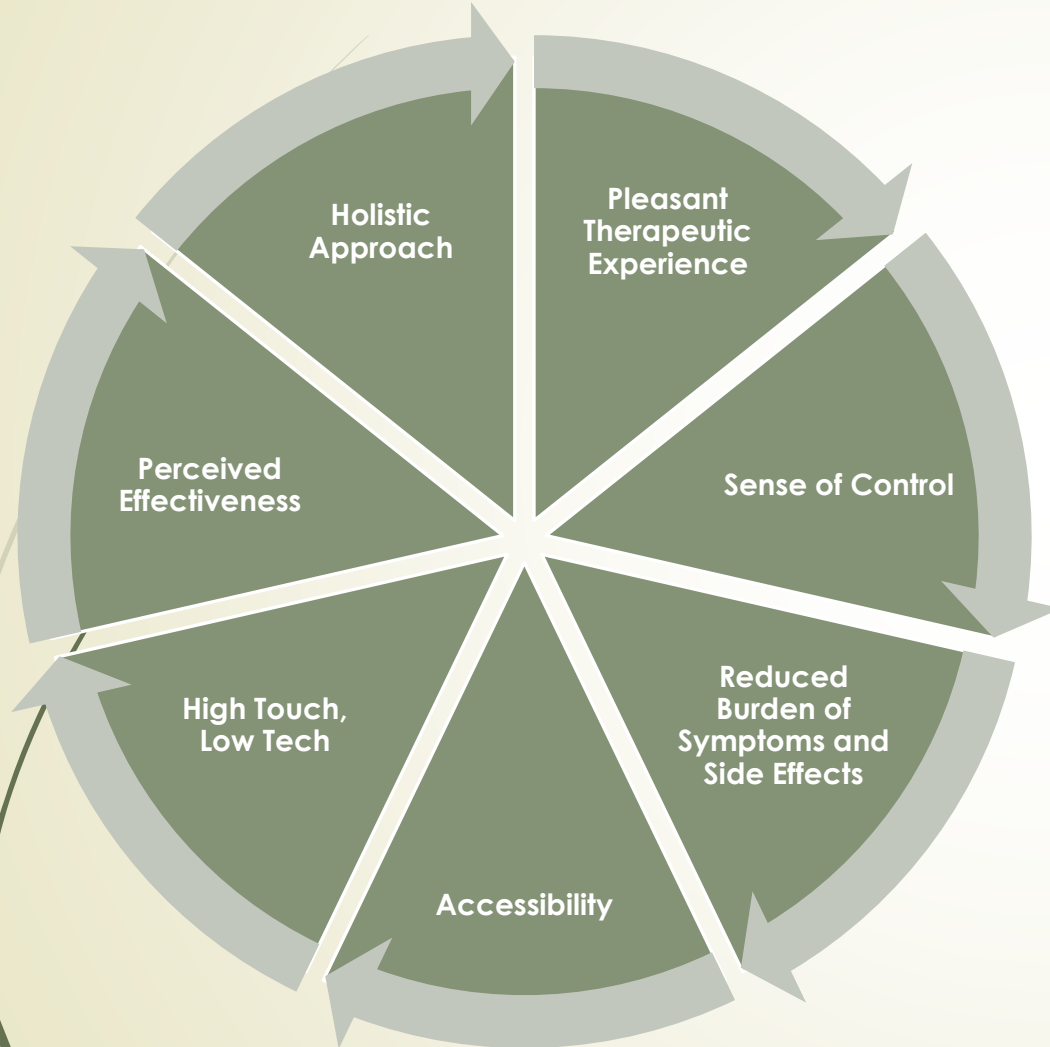
freshspectrum.com

Benefits of CAM

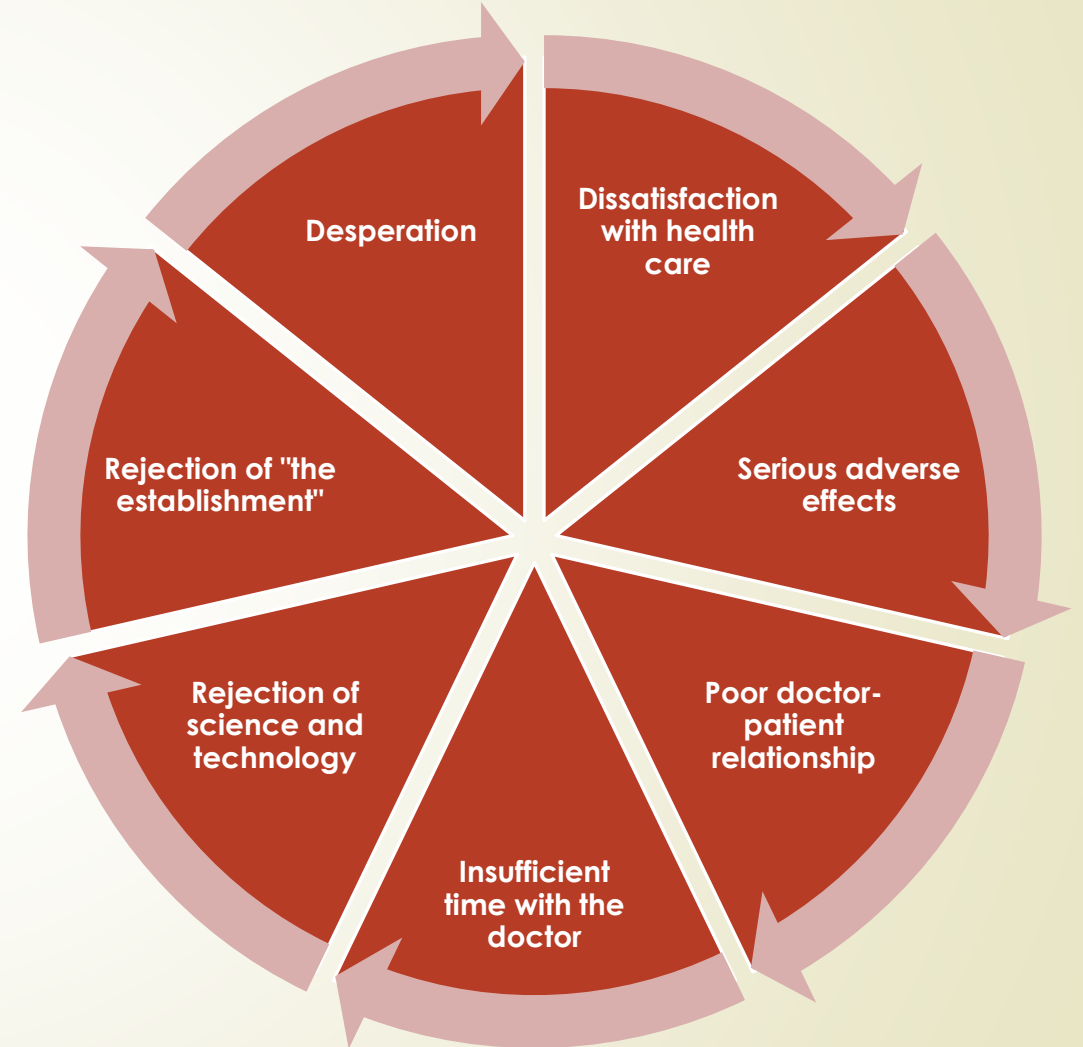


Patient Motivation

Positives



Negatives





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Providers

- ▶ Multi-modal approach for chronic or recurring symptoms
- ▶ Avoid concerning side effects of conventional interventions
- ▶ Holistic approach incorporating mind, body and spirit
- ▶ Sense of hope



Common Studied Therapies

- ▶ Yoga/Mindfulness
- ▶ Acupuncture/Acupressure
- ▶ Massage Therapy
- ▶ THC/CBD*

Common Studied Symptoms

- ▶ Depression and Anxiety
- ▶ Insomnia
- ▶ Pain
- ▶ Fatigue

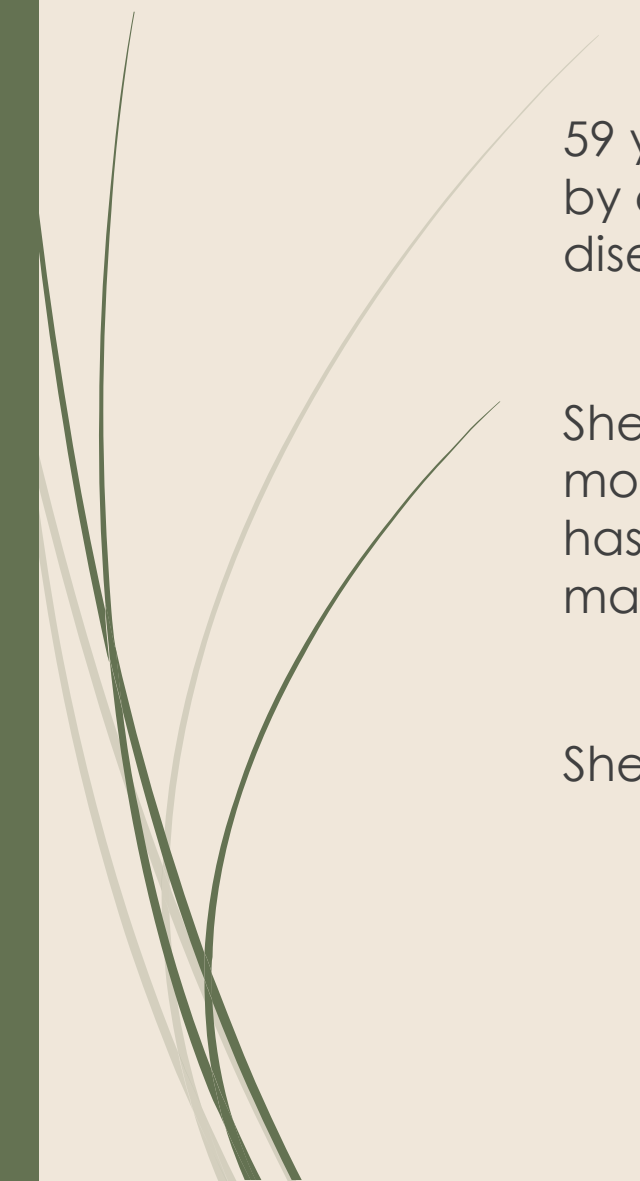


Shirley

59 year old woman with a history of Charcot Marie Tooth disease complicated by diaphragm paralysis and history lung adenocarcinoma with metastatic disease to the left femur.

She was told three days ago that any further cancer directed therapy will do more harm than benefit. Today, she is reporting higher levels of anxiety. She has had bouts of depression in the past but denies any suicidal attempts, mania, or psychosis.

She is on Fluoxetine 60mg po daily and mirtazapine 15mg po nightly.





Treatment Challenges for Anxiety

- Anxiety is a symptom of many diagnoses
- Current short-acting medications may have undesired adverse effects
- Long-acting medications may take weeks to take affect

Yoga Interventions

- 5000 years ago, in India
- Yoga postures (asana)
- Sequences of yoga postures (vinyasas)
- Breath control (pranayama)
- Meditation



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Benefits of Yoga



- Beneficial effects of yoga on anxiety and positive effect on mental quality of life (Cramer et al., 2018)
- Some benefits for depression with meditation-based yoga (Cramer et al., 2013)
- Yoga increases thalamic GABA levels (Streeter et al., 2007, 2010)

Insomnia

Guideline	Type of Insomnia	With or Without Comorbidities	CAM Therapy							
			Acupuncture	Chiropractic	Herbal	Homeopathy	Yoga	Mindfulness-Based Stress Relaxation	Hypnotherapy	Foot Reflexology
Howell et al. 2013** [39]	Co-morbid	Insomnia and cancer	0	0	0	0	+	0	0	N/A
Riemann et al. 2017** [35]	Primary	Insomnia without comorbidities	-	-	-	-	-	-	N/A	-
Qaseem et al. 2016** [37]	Primary	Insomnia without comorbidities	0	N/A	0	N/A	N/A	N/A	N/A	N/A
Denlinger et al. 2014 [38]	Co-morbid	Insomnia and cancer	0	N/A	0	N/A	+	N/A	N/A	N/A
Lam et al. 2019* [32]	Co-morbid	Insomnia and cancer	N/A	N/A	+	N/A	N/A	N/A	N/A	N/A
Silvestri et al. 2019 [33]	Primary	Insomnia without comorbidities	N/A	N/A	+	N/A	N/A	N/A	N/A	N/A

Legend:
 +/green = recommendation for the therapy's use
 -/red = recommendation against the therapy's use
 0/yellow = recommendation unclear/uncertain/conflicting
 N/A/grey = no recommendation provided
 * = Either average appraisal score or average overall assessment of 4.0 or higher for CAM section of CPG
 ** = Both average appraisal score and average overall assessment of 4.0 or higher for CAM section of CPG

Fig. 2 Summary of CAM Recommendations in Clinical Practice Guidelines



Aromatherapy for Insomnia

- ▶ Used in Chinese, Egyptian and Roman civilizations 3500 years ago
- ▶ Growing evidence for its use for insomnia (Blackburn et al., 2017, Chien et al., 2012, Cho et al., 2013)
- ▶ Most common aromatic substances for insomnia: lavender, orange peel and rose
- ▶ Most benefit seen in patients with cardiovascular disease and cancer




Aromatherapy for Nausea-Vomiting

- ▶ Isopropyl alcohol vapor inhalation effective in decreasing use of rescue anti-emetics compared to placebo (Hines et al., 2012)
- ▶ Severity and incidence of nausea decreased with inhalation aromatherapy (Zorba & Ozdemir, 2018)
- ▶ Common aromatic substances: bergamot, English peppermint, ginger, cardamom



Shirley

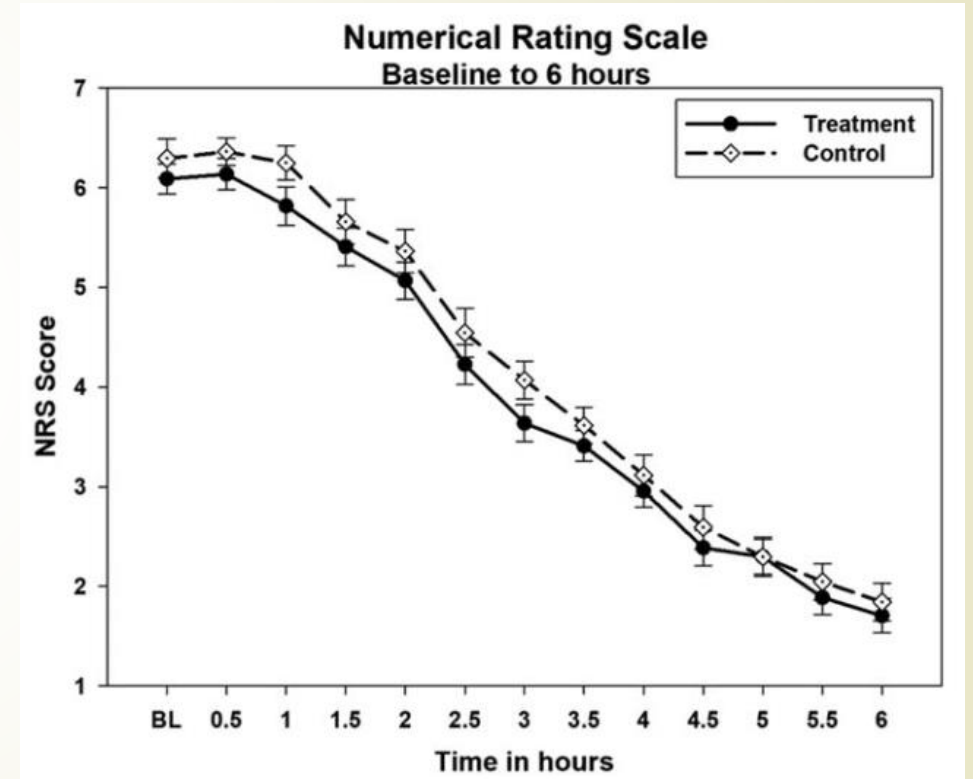
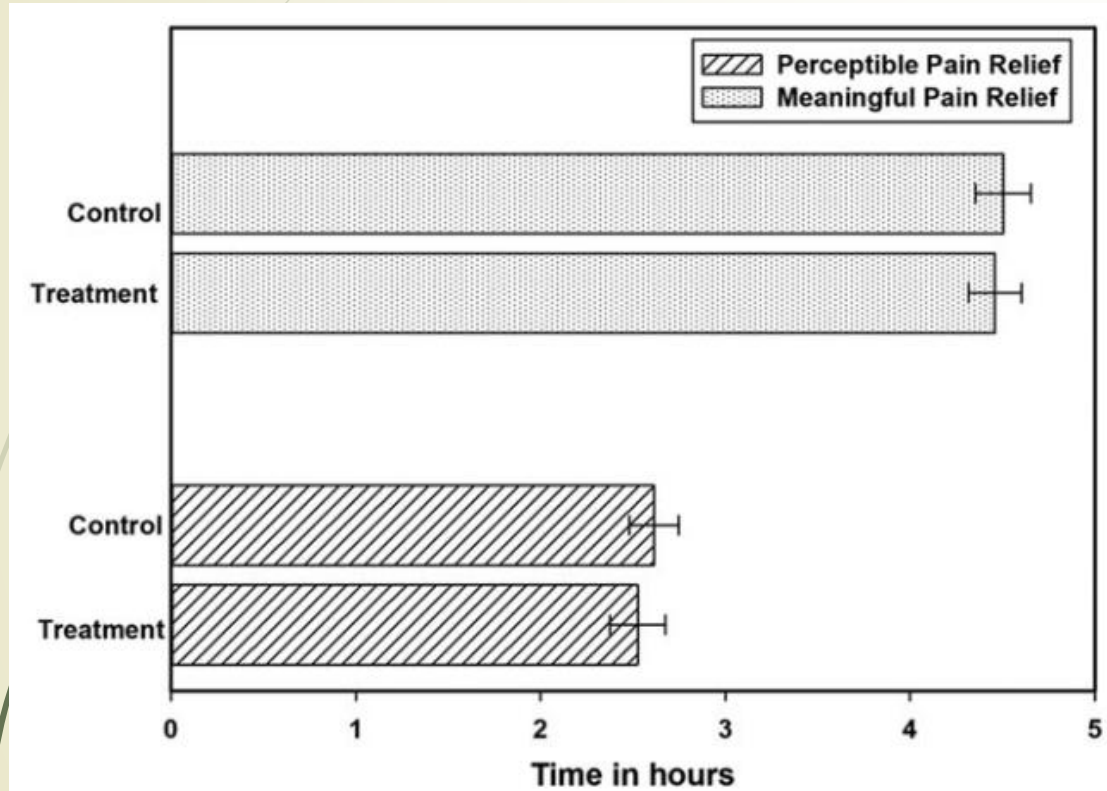
- ▶ Has had chronic joint pain and lower back pain due to Charcot Marie Tooth disease. Has been taking MS Contin 40 mg twice daily, Oxycodone 15-20 mg q4h PRN and Acetaminophen 1000 mg three times a day.
 - ▶ Increased Oxycodone to 30 mg q4h PRN but had increased "loopiness" that prevented working with therapy. Interested in taking turmeric pills.
 - ▶ On day five of treatment with turmeric pill, she was only using oxycodone 20 mg PRN prior to therapies
- 



Turmeric

- ▶ Plant in the ginger family, primarily grown in India.
- ▶ Traditionally used for disorders of skin, upper respiratory tract, joints and digestive system
- ▶ Active component is Curcumin = Anti-inflammatory properties modulates the NF kappa beta immune response
- ▶ Majority of studies have reported no adverse effects
- ▶ No known drug interactions

Turmeric Comparable to Acetaminophen



Suggested doses: Capsules of 500 mg tid or 1000 mg bid

Find the Trigger Points

Acupuncture

- Insertion of thin, sterile needles into different trigger points
- Stimulate the energy pathways in the body to find balance
- Benefits seen for MSK pain, dyspnea



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Acupressure

- Trigger points like acupuncture but is non-invasive
- Pressure is applied for 15-30 seconds at a time and repeated
- Benefits seen for nausea, vomiting, fatigue



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Reiki

- Originally discovered by Dr. Usui in Sanskrit texts and applied by Takata in Japan
- Reiki practitioner will try to balance the energy flow in individuals by sending the energy received from the universe
- Pain levels assessed on visual analog scale --> Reiki more effective than placebo to treat pain, depression and anxiety

Time for a Wake Me Up

- ▶ Evidence for Ginseng use for cancer-related fatigue
- ▶ American Ginseng
 - ▶ Appalachia, Ozarks and Eastern Canada
 - ▶ Cool, calming
- ▶ Asian Ginseng
 - ▶ China, Korea, Japan
 - ▶ Warm, stimulating and invigorating
- ▶ Adverse effects:
tachycardia, insomnia, headache, loss of appetite
- ▶ Drug interactions:
CCB, Statins, some antidepressants, Warfarin, Metformin



Common Herbs and Benefits

Herbs	Benefits	Risks/Drug Interactions
Echinacea	<i>Common cold and topical for wounds</i>	Nausea, abdominal pain
Elderberry	"COVID-19"	Nausea, vomiting, diarrhea
Ginger	Nausea, vomiting	Heartburn, diarrhea
Bitter Orange	<i>Heartburn, nasal congestion, weight loss, appetite stimulation</i> Topical: fungal infection	Fatigue, angina, stroke
Chamomile	Insomnia, anxiety, upset stomach	Nausea, dizziness Interacts with cyclosporine, warfarin
Aloe Vera	Topical: acne, lichen planus, psoriasis, burns, burning mouth syndrome, radiation dermatitis Oral: IBD	Oral use can cause abdominal pain and cramps Topical can cause itching and eczema
Black Cohosh	Hot flashes	Hepatotoxicity, abdominal cramps, weight gain
Saw Palmetto	<i>= placebo for BPH, chronic pelvic pain, migraine, hair loss</i>	Mild digestive symptoms
Milk Thistle	Liver disease, chronic HCV	Hypoglycemia Interacts with warfarin

Integrating Tradition with Science



RESEARCH

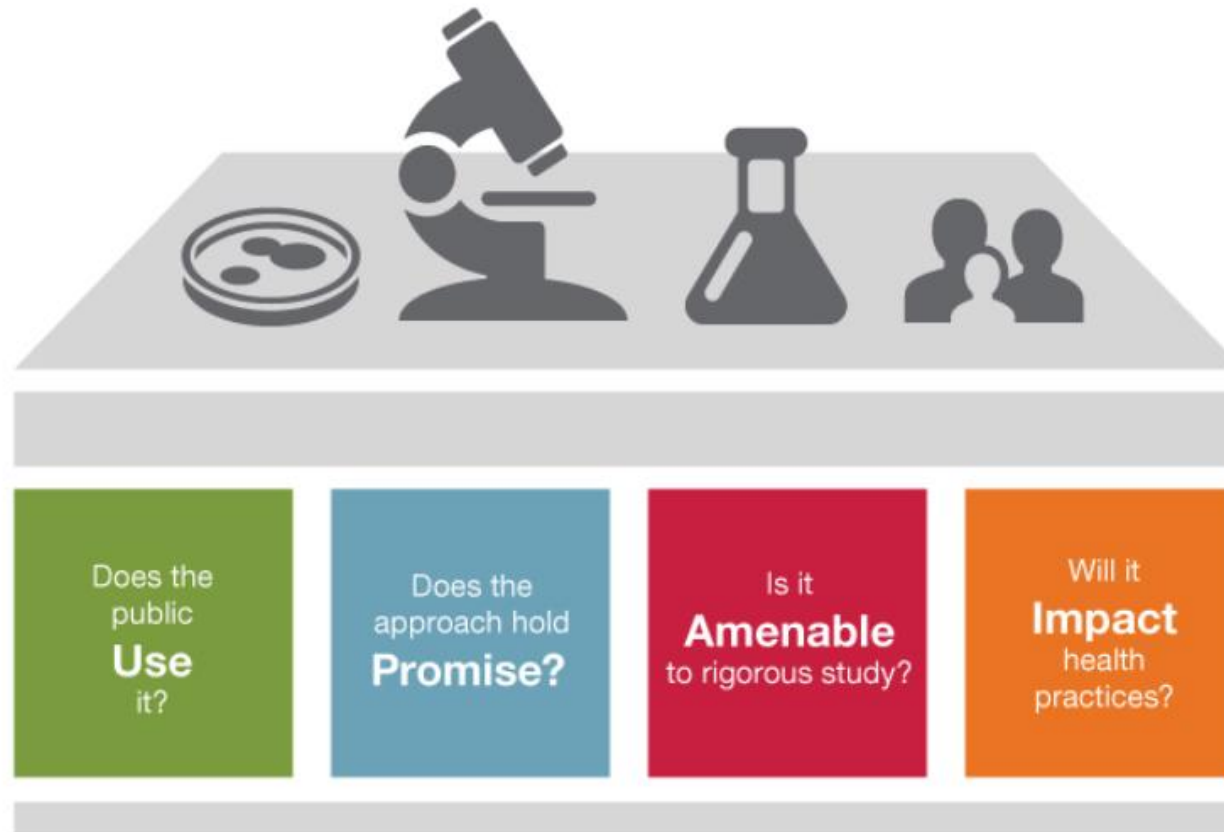


REGULATION



REPORTS

What guides NCCIH's research decisions?



Adopted in 2011, this framework helps determine which studies NCCIH will fund.



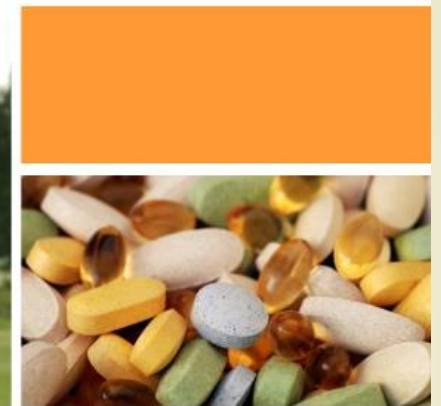
Food and Drug Administration Notice

*Draft guidance for industry
entitled “Complementary and
Alternative Medicine Products
and Their Regulation by the
Food and Drug Administration.”*

I'm not sure if I
can talk
about it with
my patient.

National Cancer Institute

Office of Cancer Complementary and Alternative Medicine



Talking about Complementary and Alternative Medicine with Health Care Providers:

A Workbook and Tips



When to ask about CAM use

Chronic or
relapsing
disease

Maintenance
treatment

Adverse drug
reactions

Unhappy with
treatment
progress

Poor
compliance



What to ask about CAM use



Healthcare behavior

- Have you tried any other treatment approaches for this problem?
- Changing diet
- Using herbal products
- Using natural products

Healthcare attitudes

- What are you hoping will come out of the complementary treatment?
- What was it that encouraged you to try using complementary medicine?

Communication and cooperation

- Would it be alright if your complementary therapist updates me know about your treatment and progress?

Essentials for good practice



USE YOUR RESOURCES



EXPLORE HISTORY IN
DETAIL



ENSURE TREATMENTS ARE
IN THE PATIENT'S BEST
INTEREST



KEEP COMMUNICATION
OPEN AND NON-
JUDGMENTAL



FREQUENT FOLLOW UP
ON PROGRESS



Current Resources

CAM on PubMed (NLM)

NCI Funded Research Portfolio

The Cochrane Library

International Bibliographic Information on Dietary Supplements (ODS, USDA)

MedlinePlus (NLM)

NAPRALERTSM



Integrative Medicine Programs

M. D. Anderson Cancer Center's
Complementary/Integrative Medicine
Education Resources (CIMER)

Dana-Farber Cancer Institute's Zakim Center
for Integrated Therapies

Johns Hopkins Center for Complementary
and Alternative Medicine

Integrative Medicine Service at Memorial
Sloan-Kettering

What's Your
Story?

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