Complementary and Alternative Medicine (CAM) references, 2016

General

Attias, S., Boker, L.K., Arnon, Z., Ben-Arye, E., Bar’am, A., Sroka, G., Matter, I., Somri, M., and Schiff, E. (2016). Effectiveness of integrating individualized and generic complementary medicine treatments with standard care versus standard care alone for reducing preoperative anxiety. Journal of Clinical Anaesthesia, 29, 54-64. Randomized control study. 360 people were randomized into six groups. There was 1 control group. Other groups received Compact Disk Recording of Guided Imagery (CDRGI); acupuncture; individual guided imagery; reflexology; and individual guided imagery combined with reflexology, based on medical staff availability. Individual CAM treatments integrated within ST reduce preoperative anxiety significantly, compared to standard treatment alone, and are more effective than generic CDRGI. In light of the scope of preoperative anxiety and its implications for public health, integration of CAM therapies with ST should be considered for reducing preoperative anxiety.

Buckenmaier, C & Schoomaker, E. (2014) Patients’ use of active self-care complementary and integrative medicine in their management of chronic pain symptoms. Pain Medicine, 15, S7-S8. The military active self-care complementary and integrative medicine (ACT-CIM) recognizes the important role the patient must play in maintaining his or her own health and also leverages practices that are considered to have few side effects compared to pain medications and tend to be far less resource-intensive to implement. Furthermore, this supplement provides standards for future research into ACT-CIM to improve the quality of evidence while acknowledging that these treatments are not necessarily appropriately studied with a randomized, blinded controlled trial.

Canga, B., Azoulay, R., Raskin, J and Loewy, J. (2015). AIR: Advances in respiration-music therapy in the treatment of chronic pulmonary disease. Respiratory Medicine, 109, 1532-1539. This was a randomized controlled study that examined the effect of a multimodal psycho-music therapy intervention on respiratory symptoms, psychological well-being and quality of life of patients with Chronic Obstructive Pulmonary Disease and other lung diseases as adjunct to Pulmonary Rehabilitation with a design of music therapy plus PR compared to Pulmonary Rehabilitation alone. The findings of this study suggest that music therapy combined with standard PR may prove to be an effective modality in the management of pulmonary disease.

Chao, M.T., Abercrombie, P.D., Nakagawa, S., Gregororich, S.E., Learman, L/A/, and Kupperman, M. (2015) Prevalence and use of complementary health approaches among women with chronic pelvic pain in a prospective cohort study. Pain Medicine, 16, 328-340. The study analyzed data from the Study of Pelvic Problems, Hysterectomy, and Intervention Alternatives, a prospective cohort study of women seeking care for noncancerous pelvic problems with intact uteri at enrollment. Among a subset of 699 participants who reported having Chronic Pelvic Pain, they analyzed the prevalence of complementary health approaches used and associated patient sociodemographic and clinical characteristics, health-related quality of life, attitudes and beliefs, and conventional health care practices. Slightly over one-half (51%) of women with Chronic Pelvic Pain used at least one complementary health approach in the past year (acupuncture, special foods or diets, herbs and minerals). During follow-up surveys conducted annually for 4 years, a substantial proportion of women (44.8%) used complementary health approaches at more than half of the assessments. Users of complementary health approaches were more likely to undergo a hysterectomy or oophorectomy or to use gonadotropin-releasing hormone agonists or opioids during the study compared with nonusers. Women with CPP who used complementary health approaches also had more optimal health-related quality of life measured by the Pelvic Problem Impact Questionnaire (31.6 vs 25.6, P < 0.001).

techniques in people having diagnoses of Rheumatoid Arthritis, Ankylosing Spondylitis, Fibromyalgia Syndrome. Conclusions: the effects of MBT in chronic rheumatic diseases are promising and the published clinical trials address their efficacy and safety. The results of the studies are not unequivocal because the clinical trials on MBT suffer from different biases such as: the small number of enrolled patients; the different outcome measures; the lacking, sometimes, in studies evaluating movement-based MBT, of exercises and postures tailored and differentiated for the rheumatic patients. Moreover, factors like expertise, qualification and charisma of the therapist are important for the success of the treatment.

Dodds, S., Blumer, S., and Murphy, A. (2014) Consumer value in complementary and alternative medicine (CAM) health care services. Australasian Marketing Journal, 22, 218-229. This study investigated what consumers of CAM value from their healthcare experiences. The research adopted an interpretive approach using in-depth interviews with 12 CAM consumers. Seven consumer value components were identified 1) quality of care, 2) treatment efficiency, 3) physical environment, 4) social (esteem) value, 5) spiritual value, 6) ethics (natural aspect), 7) play (relaxation, leisure activities). Findings indicate that CAM consumers evaluate the value of their healthcare experience primarily on quality of care (which revolved around an empowering partnership) and treatment efficiency (such as treatment results and treatment ease of use and customization) with the physical environment playing a small role. It was through valuing these experiences that the CAM consumer then began to value the other consumer value components – spiritual value, social value, ethics and play.

Geisler, C.C. & Cheung, C.K. (2015) Complementary/alternative therapies use in older women with arthritis: information sources and factors influencing dialogue with health care providers. Geriatric Nursing, 36, 15-20. The purpose was to describe the information sources older women with arthritis use to make decisions about complementary/alternative therapies and factors that influence their dialogue with their healthcare provider. Most relied on family and friends as resources, rather than their healthcare provider. Unsupportive attitudes by healthcare providers toward CAM practices were a factor. Clinical implications were that there needs to be fostered decision-making and better formation of clinical relationships that will allow recipients of care to get credible advice and make better informed decisions.

Hernandez, T.D., Brenner, L.A., Walter, K.H., Bormann, J.E., and Hohansson, B. (2016, in press). Review. Complementary and alternative medicine (CAM) following traumatic brain injury (TBI): opportunities and challenges. Brain Research, as retrieved May 31, 2016 from http://dx.doi.org/10.1016/j.brainres.2016.01.025. CAM treatments modalities are sought to meet many unmet needs in health care. This is in part because conventional medical care can be limited and accessing it may be associated with unintended consequences (e.g., perceived stigma, side effects, monetary costs). As well, recovery from TBI is highly variable and often incomplete. CAM treatments that can be used independently, are self-sustaining and portable, and result in reductions in symptoms that are associated with or adversely impact outcome after TBI. Effective, evidence-based CAM treatment options hold real promise to enhance positive long-term outcomes and quality of life following TBI.

Kedia, S. (2016). Complementary and integrative approaches for pediatric headache. Seminars in Pediatric Neurology, 23, 44-52. Provides a perspective based on integrative vs. alternative medicine approaches. It provides an evidence based review of CAMs commonly used by families in these circumstances including Nutriceuticals include dietary supplements in the form of vitamins (vitamin D), minerals (magnesium), coenzyme Q, butterbur, and melatonin. Acupuncture, stimulation, physical therapy and Transcutaneous Electrical Nerve Stimulations (TENS) or Transcranial Magnetic Stimulation (TMS).

Lövgren, M., Wilde-Larsson, B., Hök, J., Leveälahti, H., and Tishelman, C. (2011) Push or pull? Relationships between lung cancer patients’ perceptions of quality of care and use of complementary and alternative medicine. European Journal of Oncology Nursing, 15, 311-317. Survey data from 94 patient members of the Swedish Lung Cancer (LC) patient organization about CAM-use and quality of care as measured by the instrument “Quality from the patient’s perspective” were analyzed. Fifty (53%) LC-patients used CAM, with 40 of the CAM-users reporting that CAM helped them. The most common CAMs used were dietary supplements and natural remedies, followed by prayer. Significantly more patients
reported using prayer and meditation for cure than was the case for other types of CAM used. Less than half the CAM-users reported having spoken with staff from the biomedical health care system about their CAM-use. Patients provided numerous suggestions for improving LC-care in a variety of areas, aiming at a more effective and cohesive care trajectory. No differences in quality of care were found between CAM-users and non-CAM-users, but differences in CAM-use i.e. type of CAM, reasons of using CAM, and CAM-provider consulted could be associated with different experiences of care. It was concluded that it is important to recognize that CAM-users are not a homogeneous group but might seek different types of CAMs and CAM-providers in different situations depending on experiences of care.

Martinez, N., Martorell, C., Spinosa, L., Marasigan, V., Domenech, S., and Inzitari, M. (2015). Impact of Qigong on quality of life, pain and depressive symptoms in older adults admitted to an intermediate care rehabilitation unit: a randomized controlled trial. Aging Clinical Experience and Research, 27, 125-130. This study was a randomized controlled single blinded study, which randomized 58 >50 years adults admitted to a post-acute intermediate care rehabilitation facility, to receive a 90 min, bi-weekly, 4-week structured Qigong intervention plus usual care and rehabilitation (N = 29) or usual care and rehabilitation alone (N = 29). In an intention-to-treat analysis (repeated measures ANOVA) the intervention group experienced a significant improvement in quality of life (mean increase of 19 points vs 2.6 points for controls, p = 0.002). Pain and depressive symptoms improved in both groups. Adherence was good (79 % of participants completed the whole program).

Moy, M.L., Wayne, P.M., Litrownik, D., Beach, D., Klings, S., Davis, R.B., and Yeh, G.Y. (2015). Long-term exercise after pulmonary rehabilitation (LEAP): Design and rationale of a randomized controlled trial of Tai Chi. Contemporary Clinical Trials, 45, 458-467. A randomized controlled study is underway to examine whether Tai Chi will maintain exercise capacity in persons with COPD who have recently completed a supervised pulmonary rehabilitation program, compared to standard care. The primary outcome is 6-min walk test distance at 6 months. Secondary outcomes include health-related quality of life, dyspnea, mood, occurrence of acute exacerbations, engagement in physical activity, exercise self-efficacy, and exercise adherence. Simultaneously, a pilot study of group walking was conducted. We will enroll 90 persons who will be randomized to one of three arms in a 2:2:1 ratio: Tai Chi, standard care, or group-based walking.

Ng, L., Chiang, L.K., Tang, R., Siu, C., Fung, L., Lee, A., and Tam, W. (2014) Effectiveness of incorporating Tai Chi in a pulmonary rehabilitation program for chronic obstructive pulmonary disease (COPD) in primary care-A pilot randomized controlled trial. European Journal of Integrative Medicine, 6, 248-258. 192 COPD patients, recruited from four primary care clinics, satisfied the eligibility criteria and consented to randomization to either pulmonary rehabilitation program group (PRP) or the group with Tai Chi elements added to PRP (TC). Both groups received rehabilitation consisting of 2 sessions per week for 6 weeks with totally identical content except that Tai Chi exercises were added to TC group. Data collection was performed at baseline, 2 and 6-month post-intervention. Intention-to-treat analysis was performed for 192 subjects. The functional exercise capacity showed statistical improvement between groups at 6 months post-intervention. Intention-to-treat analysis was performed for 192 subjects.

Novotney, A. (2013) Music as medicine. Science Watch. American Psychological Association (APA) website published. Retrieved 5/8/2016 from http://www.apa.org/monitor/2013/11/music.aspx. Some sounds, such as lullabies, may soothe pre-term babies and their parents, and even improve the infants’ sleeping and eating patterns, while decreasing parents’ stress. In another trial with 42 children ages 3 to 11, University of Alberta researchers found that patients who listened to relaxing music while getting an IV inserted reported significantly less pain, and some demonstrated significantly less distress, compared with patients who did not listen to music. In addition, in the music-listening group, more than two-thirds of the health-care providers reported that the IVs were very easy to administer — compared with 38 percent of providers treating the group that did not listen to music. Researchers at Beth Israel Medical Center's Louis Armstrong Center for Music and Medicine conducted the study, which included 272 premature babies 32 weeks gestation or older in 11 mid-Atlantic NICUs. IN another study, a meta-analysis of 400 studies, researchers found that music improves the body's immune system function and reduces stress.
Listening to music was also found to be more effective than prescription drugs in reducing anxiety before surgery. Researchers at Khoo Teck Puat Hospital in Singapore found that patients in palliative care who took part in live music therapy sessions reported relief from persistent pain (Progress in Palliative Care, July, 2013). Music therapists worked closely with the patients to individually tailor the intervention, and patients took part in singing, instrument playing, lyric discussion and even song writing as they worked toward accepting an illness or weighed end-of-life issues. At the University of Toronto, vibrations absorbed through the body can help ease the symptoms of Parkinson's disease, fibromyalgia and depression. Known as vibroacoustic therapy, the intervention involves using low frequency sound — similar to a low rumble — to produce vibrations that are applied directly to the body.

Provenzi, L., Saettini, FD., Barello, S., and Borgatti, R. (2015). Complementary and alternative medicine (CAM) for children with special health care needs: a comparative usage study in Italy. European Journal of Integrative Medicine, 8, 115-121. The study took place in Italy amongst 121 families that have children with special needs including autistic spectrum disorders, N = 31; cerebral palsy, N = 36; genetic syndromes, N = 32; pediatric tumors, N = 19. Sociodemographic surveys about the use of CAM were done at follow-up appointments for the child’s health care. 62.7% of the children were receiving traditional rehab care at the time of the survey. Results suggest that the access to conventional pharmacological treatments and/or rehabilitation programs might not be linked with the amount of CAM used by families of CSHCN. Moreover, children with different diagnoses were found to be treated with different types of CAM treatments, with body-centered interventions being more typical for children with cerebral palsy, whereas diet and nutrient supplements more frequently used by families of children diagnosed with autistic spectrum disorders. These latter families were found to report the highest number of different types of CAM to treat their child symptoms, with greater economic expenditure, but lower perceived efficacy compared to families of children with other clinical conditions. Physicians should inquire about CAM use in children from parents as a part of daily practice, because it is being used, but its use is not well documented in the medical records, and is therefore difficult to track.

Roberts, D., Wilson, C., Todd, C., Long, A.F., Mackereth, P., Stringer, J., Carter, A., Parkin, S., and Caress, A. (2013) Complementary therapies in cancer: Patients’ views on their purposes and value pre and post receipt of complementary therapy—a multi-centre case study. European Journal of Integrative Medicine, 5, 443-449. A multiple case study was done of patients who received different numbers of Complementary Therapy (CT) sessions/treatments, according to practice at each study site and personal preference. The study used a range of data sources (patients, therapists, key referrers and other health professionals, policy documents) and modes of data collection (one-to-one interviews, pre-CT and post-CT postal questionnaires, documentary analysis); this paper draws solely upon data from patient questionnaires completed before and after receipt of CT. The three cases were all centres offering CT to cancer patients in North West England. Questionnaires were given, over a 12-month period, to consecutive patients at each site for completion prior to receipt of CT. The three cases were all centres offering CT to cancer patients in North West England. Questionnaires were given, over a 12-month period, to consecutive patients at each site for completion prior to receipt of CT. All those who completed and returned the pre-CT questionnaire were then sent a post-CT questionnaire within two weeks of receipt of CT/completion of the CT course. Our data suggest that patients have a clear idea of the role and contribution of CTs in their cancer care, and that this is primarily related to psycho-social support and well-being.

Sibbritt, D., Davidson, P., DiGiacomo, M, Newton, P. and Adams, J. (2015). Use of Complementary and alternative medicine in women with heart disease, hypertension and diabetes (from the Australian Longitudinal Study on Women’s Health). American Journal of Cardiology, 115, 191-1695. The study used a cohort of women; and data were taken from the 2010 survey (n = 9,748) of the 1946 to 1951 cohort of the Australian Longitudinal Study on Women’s Health (ALSWH). Analyses focused on women who had been diagnosed or treated for heart disease, diabetes, and/or hypertension. The outcome measures were the use of conventional or CAM treatments in the previous year. Most women had hypertension only (n=2,335), and few (n=78) reported having heart disease, hypertension, and diabetes. In conclusion, compared with studies conducted on CAM use and other chronic illness groups, the use of CAM by women with heart disease, hypertension, and/or diabetes in this study was lower, and future research is needed to explore patients’ perceptions of cardiovascular risk and the role of CAM in their self-management in the community, among other issues.
Uomoto, J.M. & Williams, R.M. (2009). Post-acute polytrauma rehabilitation and integrated care of returning veterans: toward a holistic approach. *Rehabilitation Psychology, 54*(3), 259-269. For the majority of veterans who present for post-acute rehabilitation there is generally a high degree of suffering. Veterans who experience suffering rarely define their problems in medical language. Although diagnostic clarity may be a helpful starting point, this type of medical-model conceptualization can limit treatment. Working from a biopsychosocial perspective to help the veteran respond to the particular symptoms and issues that are salient to them in an ongoing fashion, using their language and priorities. Appreciating individual meaning is critical for therapeutic alliance and treatment. As part of a holistic model of treatment, the authors encourage consideration of not only the veteran and their family, but the education of the larger population to be more compassionate, knowledgeable, and appreciative of the sacrifices made by those who serve.

**OT Specific**

Anderson, K.M. (2009) Attitudes and knowledge of occupational therapy professionals of complementary and alternative medicine. Master's and Doctoral Project, University of Toledo Digital Repository. Survey study sent to OTRs and COTAs in Ohio, 29% rate of return. The Complementary/Alternative Health Care Questionnaire was used with permission from the University of Toronto. The sections of the questionnaire included: demographics, attitudes toward CAMs, personal experiences with CAM, use of CAM in treatment, and content knowledge. The results of this study confirm the need for more research and education through the requests made by the participants. The occupational therapy profession and AOTA should consider this need when preparing future educational opportunities. Likewise, health care researchers should provide more studies regarding the efficacy of CAM techniques in order to disseminate accurate scientific information.

Bourke-Taylor, H., Cotter, C. & Stephan, R. (2015) Complementary, alternative, and mainstream services use among families with young children with multiple disabilities: family costs to access choices. *Physical & Occupational Therapy in Pediatrics, 35*(3):311–325. Families of young children with multiple disabilities select a wide range of services for their child, with consequential out of pocket expenses. Early intervention professionals can be an important resource for families as they evaluate their choices and select interventions for their child. Twenty-three families reported using at least one complementary/alternative intervention. Out-of-pocket amounts were reported including: chiropractic services (10 families); naturopathy (9 families); point percussion therapy (7 families), and Chinese medicine (6 families). Expenses resulted in families reporting forgoing clothing items, family entertainment, recreation/hobbies for parents (55%); family holidays (59%); time for parents alone (66%); and health services for parents (36%).

Bradshaw, M., Worthley, H., Martin, K., Conley, S., Jacobs, B., and Welch, E. (2015) Poster presentation: A preliminary look at knowledge, attitudes, and personal use of complementary/alternative medicine (CAM) among occupational therapy practitioners. American Journal of Occupational Therapy, 69, PO1093. Survey is a cross sectional design study done using Qualtrics with a limited sample of fieldwork educators for Ithaca College in NY. The sample size was 99. The mean score on knowledge questions was 69%. Personal use of CAM varied, with exercise that is not used for managing weight being the most common (81.4%). Using daily vitamins, relaxation, and massage were used by more than 50% of participants. Participants working in the practice area of rehabilitation, disability, and participation used CAM the most.

Knupp, H.M, Esmal, S., Warren, S. (2009). The use of complementary and alternative medicine (CAM) by Canadian occupational therapists. *Occupational Therapy International, 16*(1), 6-24. Survey study of 1123 Canadian OTs via email; 17.1% response rate; 31.2% of Canadian OTs use 1 CAM. 5.5% never used at least one form of CAM in practice. Overall, most who did not use CAM cited lack of evidence to support practice as a major reason.
Trade papers


Article encourages OTs to consider using CAMs in practice and offers some printed resources/cites studies regarding use in practice.