Doc, What Else Can I Do?
Learning the Evidence Behind Complementary and Alternative Chronic Pain Management for Chronic Nonspecific Low Back Pain
Part 2

Michael Saenger, MD, FACP
APA PCSS-O; February 1, 2013

Conflicts of Interest

- No Financial Conflicts
- Biases, favorable toward:
  - Bio-psycho-social approach to health care
  - Self empowered Care / Self-Efficacy
  - Evidence Based Practice (EBP)
  - Systems of Care
    - Patient Centered Medical Home

NCCAM Summary

<table>
<thead>
<tr>
<th>Scientific Evidence on CAM for Pain</th>
<th>Promising Evidence of Potential Benefit</th>
<th>Limited, Mixed, or No Evidence To Support Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Back Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Massage</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Spinal Manipulation</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Progressive Relaxation</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Yoga</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Prolotherapy</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Herbal Remedies</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Sorry, we can’t cover everything

- Goals: to Learn and Keep Learning
- Part 2 Today:
  - More, How to Not be Fooled by the “Evidence”
  - A lot more CAM Evidence:
  - Now what?
- Part 1 Taped and available through:
  - www.pcss-o.org
  - www.psychiatry.org\pcssowebinars

CAM Categories:

- Whole Medical Systems
- Mind-Body Medicine
- Natural, Biologically Based Products
  - Devil's Claw
  - Glucosamine
- Manipulation and Body Based Practices
  - Spinal Manipulation, Massage, Acupuncture, Prolotherapy and Alexander Technique
- Energy Medicine
  - Reiki

Natural, Biologically Based Products

- Herbal Medicine (“Botanicals”)
- Vitamins
- Minerals
Other Terms for Biologically Based Tx

- Phytomedicine
- Nutriceutical
- “Functional food”
- “Natural Product”
- “Dietary Supplement”

Dietary Supplements and the FDA

- Dietary Supplement Health and Education Act (DSHEA) of 1994
- “This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.”
- But, OK to claim improved “Structure” or “Function”

Devil’s Claw

- Harpagophytum Procumbens standardized to 50 mg (H50) or 100 mg harpagoside(H100) vs placebo (P); BID
  - Acute on chronic LBP; 197 patients enrolled
  - Randomized, Double Blind; 4 weeks
  - Outcome = # of patients without pain (last week):
    6 (H50), 10 (H100) and 3 (Placebo)

Effectiveness of Harpagophytum extract (WS 1531) in the treatment of exacerbation of low back pain: a randomized, placebo-controlled, double-blind study.
NNT Devil’s Claw

- Pain free at 4 weeks, approximately:
  - 6 of 61 on H50 (10%)
  - 3 of 61 on Placebo (5%)
- NNT = 1 / ARR
  \[ \frac{1}{(0.10 - 0.05)} = 20 \]
  But with wide confidence intervals for small sample
- Similar effect on pain in 2nd pilot study of 88 patients between Doloteffin (Devil’s Claw) and low dose Vioxx (Rofecoxib)

Safety of Devil’s Claw

- Reportedly similar “mild” GI side-effects as seen with placebo
- Beware possible hypoglycemic effect
- Long term studies not available
- Caution with Asthma
- Avoid in pregnancy

Potencies of Devil’s Claw Products

- Estimation of the relative anti-inflammatory efficacies of six commercial preparations of Harpagophytum procumbens (Devil’s Claw) using in vivo and in vitro assays
- Nassima Abdelouahab Ouitas and Charles Heard
?? Cost of Devil’s Claw

- Difficulty of finding similar product
- Actual ingredients in non-FDA “supplement” are unknown
  - USP or NSF label may help

Certification of OTC Supplements

- USP (United States Pharmacopeial Convention)
  - USP is a scientific, nonprofit, standards-setting organization that advances public health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods.
- NSF (initially: the National Sanitation Foundation)
  - NSF International was founded from the University of Michigan’s School of Public Health as the National Sanitation Foundation to standardize sanitation and food safety requirements

Glucosamine for cLBP

- Randomized; double blinded
- Daily intake of 1500 mg of oral glucosamine
- 6 months

Wilkins et al. Effect of Glucosamine on Pain-Related Disability in Patients With Chronic Low Back Pain and Degenerative Lumbar Disk Disease. JAMA. 2010;304(1):45-52
Infinitely Large NNT for Glucosamine

- Equal reductions in RDQ Roland Morris Disability Questionnaire (0-24 scale)

<table>
<thead>
<tr>
<th></th>
<th>Glucosamine</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>9.2</td>
<td>9.7</td>
</tr>
<tr>
<td>6 month</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>12 month</td>
<td>4.8</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Wilkins et al. Effect of Glucosamine on Pain-Related Disability in Patients With Chronic Low Back Pain and Degenerative Lumbar Discopathy. JAMA. 2010;304(1):45-52

Safety of Glucosamine; N(%)

<table>
<thead>
<tr>
<th>Adverse event</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resulting in study agent termination</td>
<td>4 (0.2)</td>
</tr>
<tr>
<td>Any type</td>
<td>40 (22.2)</td>
</tr>
<tr>
<td>Skin problems</td>
<td>12 (22.2)</td>
</tr>
<tr>
<td>Neurological effects</td>
<td>13 (12.4)</td>
</tr>
<tr>
<td>Heartburn</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Flatulence</td>
<td>7 (4.6)</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>4 (0.7)</td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td>4 (0.7)</td>
</tr>
<tr>
<td>Constipation</td>
<td>4 (0.7)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>4 (0.7)</td>
</tr>
<tr>
<td>Headache/vertigo</td>
<td>5 (0.7)</td>
</tr>
<tr>
<td>Musculoskeletal concerns</td>
<td>5 (0.7)</td>
</tr>
</tbody>
</table>

Wilkins et al. Effect of Glucosamine on Pain-Related Disability in Patients With Chronic Low Back Pain and Degenerative Lumbar Discopathy. JAMA. 2010;304(1):45-52

Cost of Glucosamine

- OTC (often with Chondroitin...)
- $60 for 6 months
Body Based Practices

- Spinal Manipulation Therapy (SMT)
- Massage
- Acupuncture
- Prolotherapy
- Movement Therapies
  - Alexander Technique
  - Pilates

Spinal Manipulation in Chronic LBP

- “Hands-on” treatment of the spine, includes:
  - Manipulation and
  - Mobilization

Spinal Manipulation in Chronic LBP

- Cochrane Review:
  - 26 RCTs (total participants = 6070),
    nine with a low risk of bias
  - “Sensitivity analyses ... suggest that neither the technique nor profession of the therapist had a profound influence on the overall pooled effect”

Spinal Manipulation Chronic LBP
Pain - Forest Plot


95% Confidence Intervals
"Best Care" included: The Back Book, and encouragement in "active management"

SMT < 9 minute sessions
Exercise < 9 60 minute sessions

Safety of Spinal Manipulation

- Infrequent complications
- Rare herniated discs

Cost of Spinal Manipulation $300+

- Initial evaluation: $55-200
- “Adjustments” (follow-up visits): $50-150
  - http://www.howmuchisit.org/chiropractic-cost/
  - Accessed Dec 2012

Massage Therapy in Chronic LBP

- Many massage therapy techniques:
  - Swedish
  - Structural
  - Fascial or connective tissue release techniques
  - Cross fiber friction
  - Myofascial trigger point techniques
- Low quality evidence for most of the studies


Massage – Change in Function

![Graph showing change in function over time for massage compared to usual care.](image)

95% Confidence Intervals


NNT Massage: Function

- 3 point RDQ Score (0-24) decrease at 26 weeks:
  - 60% Massage; 40% UC
  - NNT = 5

- But no difference at 52 weeks

Massage – Change in “Bothersomeness”

![Graph showing change in bothersomeness over time for massage compared to usual care.](image)
NNT Massage: Bothersomeness

- 2 point “Bothersome” (0-10) decrease at 10 weeks
  - 60% Massage; 30% UC
  - NNT approximately 3 during treatment
- But no difference at 26 weeks

Safety of Massage

- No known side-effects

Cost of Massage $250+

- 8 sessions

Berman B, Langevin H, Witt C, and Dubner R. 
Acupuncture for Chronic Low Back Pain. 

Meta-Analysis for 
Acupuncture Trialists’ Collaboration

![Diagram](image)

Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram.


Acupuncture vs No Acupuncture 
Pain - Forest Plot

![Diagram](image)

Acupuncture vs Sham Acupuncture

Source | Indication | n | Coefficient (95% CI) | Weight
--- | --- | --- | --- | ---
Carteron and Salmond 2007 | Back | 27 | 0.55 (-0.06 to 1.16) | 4
Benn et al. 2003 | Back | 48 | 0.59 (-0.09 to 1.27) | 4
Bennett et al. 2006 | Back | 210 | 0.37 (-0.81 to 0.86) | 12
Hicks et al. 2007 | Back | 746 | 0.15 (-0.66 to 0.87) | 61
Kaptchuk et al. 2007 | Back | 200 | 0.61 (-0.39 to 1.62) | 9
Newman et al. 2001 | Back | 158 | 0.24 (-0.04 to 0.52) | 9
White et al. 2004 | Back | 115 | 0.26 (-0.25 to 0.80) | 9
Vas et al. 2004 | Back | 115 | 1.77 (1.40 to 2.09) | 9
Overall (fixed-effects estimate) | | | 0.27 (0.22 to 0.46) | 100
Overall (random-effects estimate) | | | 0.62 (0.14 to 0.90) |


NNT: Pain
No Tx vs Sham vs Acupuncture

• Estimated 50% reduction in pain achieved in:
  - 30% no acupuncture group
  - 42.5% sham acupuncture group
  - 50% acupuncture group
• NNT = 5 for acupuncture vs no acupuncture
  - while acupuncture was ongoing
  - Infinitely large for acupuncture vs sham


Acupuncture vs No Acupuncture

Function - Forest Plot

NNT: Function
Acupuncture vs No Acupuncture

• ? NNT
  – Larger, higher quality studies are needed


Safety of Acupuncture

• Infrequent to have complications
• But see:
  – “Acupuncture: Does it alleviate pain and are there serious risks? A review of reviews”
  – commentary: “Acupuncture's claims punctured: Not proven effective for pain, not harmless”

Ernst E, Lee MS, Choi TY. Acupuncture: Does it alleviate pain and are there serious risks? A review of reviews. PAIN 152 (2011) 755–764
Harriet Hall. Acupuncture’s claims punctured: Not proven effective for pain, not harmless. PAIN 152 (2011) 711–712

Cost of Acupuncture $250-750

• 10 sessions over 7 weeks
• Cost per session:
  – Individual $65-120;
  – Supervised student: $40
  – "Community Acupuncture": $15
• No difference in outcomes per level of training
Comparative Effectiveness of Exercise, Acupuncture, and Spinal Manipulation for Low Back Pain

• Structured exercise and SMT equally effective
• Insufficient comparisons acupuncture to SMT
• Insufficient comparisons for cost-effectiveness

“If no clinical benefit is appreciated after using one of these approaches for 8 weeks, then the treatment plan should be reevaluated and consideration should be given to modifying the treatment approach or using alternate forms of care. Strength of recommendation: Weak.”

Prolotherapy Theory

• “Prolotherapy treatment is the injection of an irritant … in the painful area … that creates a short duration of inflammation.
• Prolotherapy rapidly produces collagen and cartilage… which stimulates the immune system’s own healing mechanism.
• The new collagen … strengthens and restores joints, and supporting soft tissue, reducing or eliminating many different types of pain.”


? Infinitely Large NNT Prolotherapy

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean(95%)</td>
<td>N</td>
<td>Mean(95%)</td>
<td>Stat. Test</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NNT (95% CI)</td>
</tr>
<tr>
<td>Valsac</td>
<td>14</td>
<td>50 (48)</td>
<td>13</td>
<td>48 (46)</td>
<td>0.44 (40, 109)</td>
</tr>
<tr>
<td>Valsac</td>
<td>14</td>
<td>86 (94)</td>
<td>13</td>
<td>94 (92)</td>
<td>0.01 (95,108)</td>
</tr>
<tr>
<td>Valsac</td>
<td>14</td>
<td>100</td>
<td>13</td>
<td>100</td>
<td>0.25 (95,105)</td>
</tr>
<tr>
<td>Valsac</td>
<td>13</td>
<td>60 (63)</td>
<td>14</td>
<td>63 (65)</td>
<td>0.12 (95,109)</td>
</tr>
</tbody>
</table>

Safety of Prolotherapy

- Frequent soreness
  - felt by Practitioners to be sign of “healing”
- 2-4% headache consistent with spinal HA
- Infrequent menopausal spotting
  - if steroids used for injection
- Nausea or diarrhea in < 42%


Cost of Prolotherapy $1000?

- Four treatments
- Each treatment may cost $125-500
- Insurance does not cover

http://www.answerbag.com/q_view/2100771

Alexander Technique

“individualized approach designed to develop lifelong skills for self care that help people recognize, understand, and avoid poor habits affecting postural tone and neuromuscular coordination.”

http://www.youtube.com/watch?v=coVXuDjHrfM&feature=player_embedded#

Little et al; RCT Alexander Technique, Exercise and Massage; BMJ 2008;337:a184
Alexander Technique

• “The art of learning to overcome unnecessary muscle tension”

• Stages; you learn:
  1. How to recognize habits of tension
  2. How to decrease the frequency of those habits
  3. Skills for more optimal brain and body coordination

Alexander Technique

Table 1 | Trial groups for patients with chronic or recurrent back pain

<table>
<thead>
<tr>
<th>Intervention</th>
<th>No exercise</th>
<th>Exercise</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>Group 5</th>
<th>Group 6</th>
<th>Group 7</th>
<th>Group 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal care</td>
<td></td>
<td></td>
<td>Group A</td>
<td>Group B</td>
<td>Group C</td>
<td>Group D</td>
<td>Group E</td>
<td>Group F</td>
<td>Group G</td>
<td>Group H</td>
</tr>
<tr>
<td>Therapeutic massage (8 sessions)</td>
<td></td>
<td></td>
<td>Group 2</td>
<td>Group 3</td>
<td>Group 4</td>
<td>Group 5</td>
<td>Group 6</td>
<td>Group 7</td>
<td>Group 8</td>
<td></td>
</tr>
<tr>
<td>Alexander technique lessons (16)</td>
<td></td>
<td></td>
<td>Group 3</td>
<td>Group 4</td>
<td>Group 5</td>
<td>Group 6</td>
<td>Group 7</td>
<td>Group 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alexander technique lessons (8)</td>
<td></td>
<td></td>
<td>Group 4</td>
<td>Group 5</td>
<td>Group 6</td>
<td>Group 7</td>
<td>Group 8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Doctor prescription and up to three sessions of behavioural counseling with practice nurse. Doctor exercise prescription was scheduled six weeks into trial to allow groups 1 and 2 to have some Alexander technique lessons before starting exercise but not to delay any further the start for group 3.

Three sessions a week for six weeks.

Two sessions a week for two weeks then one session a week for two weeks.

Thirteen sessions over five months, initially two a week for six weeks, one a week for eight weeks, and one session a week at seven months, and one at nine months.

Little et al; RCT Alexander Technique, Exercise and Massage; BMJ 2008;337:a884

Alexander Technique

• At baseline, over the course of 28 days, each group had a mean of at least 24 painful days

• On average they were:
  – 45 years old
  – High school graduates
  – > 2/3 women

Little et al; RCT Alexander Technique, Exercise and Massage; BMJ 2008;337:a884
Outcomes Alexander Technique: 1yr

<table>
<thead>
<tr>
<th></th>
<th>RDQ disability</th>
<th># days LBP/28 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>NS (9.2)</td>
<td>NS (23)</td>
</tr>
<tr>
<td>Massage</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>6 Alexander</td>
<td>NS</td>
<td>-13</td>
</tr>
<tr>
<td>24 Alexander</td>
<td>-4.1</td>
<td>-20</td>
</tr>
<tr>
<td>Exercise</td>
<td>NS</td>
<td>-11</td>
</tr>
<tr>
<td>Exercise + Massage</td>
<td>-2.4</td>
<td>-11</td>
</tr>
<tr>
<td>Exercise + 6 AT</td>
<td>-3</td>
<td>-13</td>
</tr>
<tr>
<td>Exercise + 24 AT</td>
<td>-4.2</td>
<td>-20</td>
</tr>
</tbody>
</table>

Little et al; RCT Alexander Technique, Exercise and Massage; BMJ 2008;337:a884

Outcomes Alexander Technique: 1yr

<table>
<thead>
<tr>
<th></th>
<th>RDQ disability</th>
<th># days LBP/28 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>NS (9.2)</td>
<td>NS (23)</td>
</tr>
<tr>
<td>Massage</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>6 Alexander</td>
<td>NS</td>
<td>-13</td>
</tr>
<tr>
<td>24 Alexander</td>
<td>-4.1</td>
<td>-20</td>
</tr>
<tr>
<td>Exercise</td>
<td>NS</td>
<td>-11</td>
</tr>
<tr>
<td>Exercise + Massage</td>
<td>-2.4</td>
<td>-11</td>
</tr>
<tr>
<td>Exercise + 6 AT</td>
<td>-3</td>
<td>-13</td>
</tr>
<tr>
<td>Exercise + 24 AT</td>
<td>-4.2</td>
<td>-20</td>
</tr>
</tbody>
</table>

Little et al; RCT Alexander Technique, Exercise and Massage; BMJ 2008;337:a884

NNT Alexander Technique

- As the results are presented as improvements in continuous variables rather than a percentage who meet a certain cut point of improvement, we cannot calculate a NNT
Safety Alexander Technique

- No adverse events were reported by exercise or Alexander Technique
- One patient noted worse pain with massage

Cost Alexander Technique $600?

- “similar rate ... to private music lessons”
- Private Lessons
  - 10 sessions: $585
  - 1 session: $65
- Group Classes, ATL Certified Instructor
  - 8 sessions: $95
  - drop-in: $15
- DVDs: $15-90

Energy Medicine

- Veritable (measurable)
  - Magnetic
  - Light
  - Direct- or alternating-current fields
- Putative (yet to be measured; “BioField”)
  - Qi Gong
  - Reiki
  - Healing or Therapeutic Touch
Reiki

• The word Reiki is made of two Japanese words
  – Rei which means “God’s Wisdom or the Higher Power” and
  – Ki which is “life force energy”.
  – Reiki is actually “spiritually guided life force energy.”


Reiki

• "A treatment feels like a wonderful glowing radiance that flows through and around you....
• Reiki is a simple, natural and safe method of spiritual healing and self-improvement that everyone can use. It has been effective in helping virtually every known illness and malady and always creates a beneficial effect. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery."


Reiki

per “Learn Reiki in 10 minutes” Video

• “Benevolent love energy”
• “Permeates universe”
• If “attuned” to “harmonic vibration” then cleansed
• Gratitude is key attitude
  – “Cure for” “anger” and “worry”
  – I.e. Mindfulness add-on to Reiki

?? NNT for Reiki

- “To date, based on the poor quality of studies and their reporting, it is currently impossible to draw definitive conclusions about the efficacy of Reiki.”
- Jadad scores = 0-2 in 11 of 12 studies

Safety of Reiki

- “exacerbation rates of reported symptoms”
  - 2.5% for physical pain
  - 1.1% for palpitation/dizziness
  - 0.7% for anxiety/depression

Cost of Reiki? $200?

- Each healing ritual session $25-100
- Lasting approximately one hour each

State of EBP for CAM for cLBP

- Low quality of evidence
- Short term, modest benefits possible from:
  - Devil's Claw
  - Massage
  - Spinal manipulation
  - Acupuncture
- Long term, modest benefits possible from:
  - Alexander Technique
  - Yoga
  - Mindfullness

Duration of Therapy?

- SMT, Massage and Acupuncture
  - Partially effective during active administration
  - Should they be continued indefinitely?
    - What would the cost be?
    - Would the small benefit persist?
- Yoga
  - Growing trend of effect
  - Should treatment continue beyond 8 weeks?
    - What would the cost be?
    - Would the small benefit grow?

Integrated, Evidence Based Practice

Can I Apply this CAM for My Patient?

- IF reasonably valid and moderately effective,
- Consider:
  - Values, preferences of this patient
  - Cost of therapies
  - Local availability of therapies
    - Note some CAM providers give free or reduced fee tx
  - Possible side-effects

Table 5: Willingness to Participate in Clinical Trials of CAM Therapies for Low Back Pain and Preference for Therapies

<table>
<thead>
<tr>
<th></th>
<th>Percent (N = 249)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely willing to participate in clinical trial of acupuncture, chiropractic, massage, and a self-help back pain book (20%)</td>
<td>61</td>
</tr>
<tr>
<td>Preferred treatment among above:</td>
<td></td>
</tr>
<tr>
<td>Massage</td>
<td>43</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>35</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>18</td>
</tr>
<tr>
<td>None or Other</td>
<td>3</td>
</tr>
<tr>
<td>Book</td>
<td>1</td>
</tr>
<tr>
<td>Definitely willing to participate in clinical trial of massage, meditation, t'ai chi, and a self-help back pain book (15%)</td>
<td>53</td>
</tr>
<tr>
<td>Preferred treatment among above:</td>
<td></td>
</tr>
<tr>
<td>Massage</td>
<td>63</td>
</tr>
<tr>
<td>T'ai Chi training</td>
<td>24</td>
</tr>
<tr>
<td>Book</td>
<td>5</td>
</tr>
<tr>
<td>Meditation training</td>
<td>4</td>
</tr>
<tr>
<td>None or Other</td>
<td>4</td>
</tr>
</tbody>
</table>

Mackinnon et al. 2002 Complementary and Alternative Medicine 2002, 8(9)

Hypothesis – Transition of Care

Away from therapies:
- Dangerous
- Ineffective
- Passive
- High Dose Opioids
- Benzodiazepines
- Chronic “Muscle Relaxants”
- Chronic “Sleep Medications”
Hypothesis – Transition of Care

Away from therapies:
Dangerous
Ineffective
Passive

Towards therapies:
Safe
Moderately effective
Self-efficacious

Passive Bridge therapies:
Massage
Spinal Manipulation
Acupuncture

Hypothesis – Transition of Care

Towards therapies:
Safe
Moderately effective
Self-efficacious

Alexander Technique
Yoga
Progressive Relaxation
Deep Breathing
In Summary, Our Obligation

- For each specific condition, offer patients evidence-based treatment, including evidence-based CAM
- If the patient remains symptomatic, re-evaluate and consider offering other CAM modalities as may be appropriate.

Questions?

Dr. Richard Deyo – “Back Pain Research: Past History, Pitfalls, and Possibilities”

“There has been a history of ineffective treatment “fads” for back pain. Treatment utilization and costs have increased rapidly, but without corresponding declines in reported functional limitations and number of work disability claims related to back pain. It is unclear whether much meaningful progress has been made.”

National Advisory Committee, Complementary and Alternative Medicine Minutes of the 37th Meeting, Sept 2009
Dr. Richard Deyo – “Back Pain Research: Past History, Pitfalls, and Possibilities”

“Pitfalls that have impeded true progress include:

1. Exaggerated reports of treatment success from “experts” and the popular media;
2. Misleading clinical trial outcomes (apparent treatment-related improvements that actually reflect factors such as placebo);
3. Methodological challenges in randomized clinical trials (RCTs)
   – Statistically significant results often are not clinically important

National Advisory Committee, Complementary and Alternative Medicine; Minutes of the 37th Meeting: Sept 2009

Hypothesis – Transition of Care

Away from therapies:
Dangerous
Ineffective
Passive

Towards therapies:
Safe
Moderately effective
Self-efficacious

Passive Bridge therapies:
Massage
Spinal Manipulation
Acupuncture

Hypothesis – Transition of Care

Towards therapies:
Safe
Moderately effective
Self-efficacious

Alexander Technique
Yoga
Progressive Relaxation
Deep Breathing
Learn and Keep Learning

- Cochrane Collaboration
- Trip Database
  - http://library.medicine.yale.edu/guides/screencasts/finditfast/finditfast_9/PubMed Advanced

NCCAM References/Resources

- Subscribing to CAM newsletter
  https://nccam.nih.gov/tools/subscribe?digest=1
- Summary Table
  http://nccam.nih.gov/health/providers/digest/pain-science/chart

For Patient Reference

- 6 Tips for patients considering CAM
  http://nccam.nih.gov/health/tips/pain
- NCCAM Clinical Digest
Other References

- What is Complementary and Alternative
  Clinical Epidemiology Methods Centre, Ottawa Hospital Research Institute, University of Ottawa Evidence-Based Practice Center, Box 208, Ottawa, ON, Canada K1H 8L6 Correspondence should be addressed to Alexander Tsertsvadze, atsertsvadze@ohri.ca Received 1 February 2011, Accepted 14 May 2011

EBP References

- Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice, 2nd Edition
  Gordon Guyatt, Drummond Rennie, Maureen O. Meade, and Deborah J. Cook
  http://www.certs.hhs.gov/centers/centers.htm
  http://www.ahrq.gov/clinic/epcix.htm