INTEGRATIVE MEDICINE: TOWARDS NEW THERAPEUTIC GUIDELINES

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INTEGRATIVE MEDICINE

“Integrative Medicine is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.”

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MOTIVES FOR IM APPROACH

- Maintain general wellbeing
- Illness prevention
- Aid recovery from illness
- Adjunct to medical treatments in chronic disease management or cancer treatment
- Dissatisfaction with medical treatment
- “Strengthen immune system”
- Prevent cancer recurrence
- Withdrawal from medication/substances
- Treatment of conditions with few/no/inadequate medical answers or where medical treatment is perceived to have too great a risk-benefit ratio eg MS, chronic fatigue, autoimmune disease, menopause, arthritis
LEVELS OF INTEGRATION

- The process of integrating mainstream and complementary therapies has implications in all areas of the health sector:
  - Evidence and research: funding and priorities
  - Education: Undergraduate curricula and continuing education of health professionals
  - Regulation of practitioners and products
  - Accreditation of individuals, courses and institutions
  - Changes in primary care models
  - Development of hospital-based integrative practice
  - Government funding for patient access to evidence-based CM treatments including PBS
  - Private health insurance cover
  - Updated therapeutic guidelines
PRODUCING THERAPEUTIC GUIDELINES

- **AIM:** provide clear, practical, credible and succinct therapeutic information for busy health practitioners, for the management of patients with specific conditions.
- Guidelines are not compulsory, but rather assist practitioners in ensuring patients receive optimum treatment.
- Expert groups review guidelines from time to time based on response to feedback, and shifts in the evidence base.
LIMITATIONS OF CURRENT PRACTICE

- WHO ARE THESE “EXPERTS” and WHAT EVIDENCE ARE THEY REVIEWING?
- Are the “experts” truly independent and unbiased?
- Are the “experts” funded in any way by the pharmaceutical industry?
- WHERE ARE THE INTEGRATIVE PRACTITIONERS AND NON-MEDICAL PRACTITIONERS on these “EXPERT PANELS”?
WHAT IS EBM?

- “Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.”

  Sackett L. et al; BMJ 1996;312:71-72
Evidence-Based Medicine

- “Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients’ predicaments, rights, and preferences in making clinical decisions about their care”

  Sackett L. et al; BMJ 1996;312:71-72
PERSONALISED MEDICINE: A NEW WAVE

- Seeks to develop a set of defined and cost-effective markers that can be implemented in clinical practice
- Acknowledges individual variability
- Potential for human genomics to focus and improve health care delivery
- Pharmaco-genetics applies equally to pharmaceuticals, herbs, supplements
- What is the right treatment for this individual’s condition, age, gender, personality, ethnicity, genetic profile and preferences?
- Need to integrate allopathic, complementary and personalised elements into treatment plans
RESPONDING TO COMMUNITY DEMAND

- Patients are adopting their own INTEGRATIVE model of healthcare, but not necessarily one that is INTEGRATED.
Communication skills and the patient-doctor relationship

- Effective communication means gathering all the information you need to help your patient with their problem
- Non judgmental
- Consider patient’s social and cultural context
- Be familiar with evidence, or know where you can find it
- How to say “no” to unreasonable requests
INTERPROFESSIONAL COMMUNICATION

- Patients are often visiting their GP, specialists, CAM practitioner(s), allied health professionals, and hospital outpatients.
- The left hand usually has no idea what the right hand is doing.
- This has a negative effect on health outcomes for patients.
- Positive treatment benefits may not be optimised and negative treatment effects may go unrecognised.
- Lack of treatment co-ordination.
- Many patients made to feel guilty or “bad” about using or admitting to using CAM, even if they believe it is helping them.
Currently, only chiropractic and osteopathic medicine practice are regulated across Australia, and Traditional Chinese Medicine (TCM) practice is regulated in Victoria. This is an impediment to inter-professional relationships and potential referral. It also makes it difficult for consumers to discern practitioners with minimum professional qualifications.

Regulation and establishment of common standards of education, training and practice for CM practitioners would lead to medical practitioners having greater confidence in integrated healthcare teams in the private and public sector, and in referring patients for CM therapies.
APPLIED PROFESSIONAL KNOWLEDGE AND SKILLS

Practitioners need to have an understanding of the definitions, philosophy and main modalities of integrative medicine, have a basic but broad knowledge of the integrative medicine field, as well as the principles for appropriate use within conventional medical practice.

They also need to have

- an awareness of important interactions and side effects (common and/or severe) associated with complementary medicines
- skills in behaviour change and lifestyle strategies, and
- knowledge of how to access quality sources of information on integrative medicine to help guide clinical decisions.

Some doctors will develop special skills training in a number of complementary modalities which are safe and well supported by evidence.

Therapeutic guidelines will need to change to accommodate
THE FOUR PILLARS: QUALITY, SAFETY, EFFICACY and COST EFFECTIVENESS
RISKS AND BENEFITS

There are potential risks and benefits associated with any intervention.

Recent pharmacological concerns:

- HRT and menopause…now last resort
- NSAID’s and arthritis…more harm than good
- Antidepressants and mild/moderate depression…they don’t work
- Oral hypoglycaemics…troglitazone (banned), phenformin (banned), rosiglitazone (?to be banned)

WHERE DO DOCTORS TURN FOR GUIDELINES TO HELP OUR PATIENTS?
Perioperatively, some herbal medicines and supplements will need to be suspended.

**EXAMPLES:**

- The “g”s: Garlic; ginger; ginkgo; ginseng Korean, grapeseed, guarana: suspend high dose concentrated extracts 1 week prior to surgery
- Andrographis (suspend one week before surgery)
- Devil’s claw: (suspend one week before surgery)
- Fish oil: suspend high dose intake 1 week prior to surgery
EXAMPLE: CONSERVATIVE MANAGEMENT OF PROSTATE CANCER

- What does “watchful waiting” mean?

According to the NCI:

- With watchful waiting (also known as “expectant management”), doctors actively and carefully monitor the patient for signs that the cancer has worsened, treating symptoms of the disease when they occur.
“Active surveillance” involves an integrative approach to intensive lifestyle modification including exercise, nutrition and mind-body techniques.
Evidence-based dietary advice on reducing prostate cancer risk:

- Healthy heart diet (Mediterranean)
- Low saturated fats
- Low calorie intake
- No obesity
- Selenium (100–200 µg of selenium daily µg/day) if the country is deficient
- High lycopenes
- Vitamin D3 - Adequate dosage to correct deficiency
- Fish oil/ omega 3 fatty acids—considered to provide a protective role; can be taken as 4000 mg/day or > 3 serves of fish a week
- Soy isoflavones
- Pomegranate juice or tablets
- Antioxidants (e.g. green tea, moderate intake of red wine, soy protein, red clover; all have a low-level evidence)
- Vitamin E supplementation may help some patients if the dose is limited to < 400 IU per day but the recent Select trial places doubt on that.(26) A dosage higher than this may increase the risk of heart attack or stroke.
ACUPUNCTURE AND FERTILITY

- BMJ
- Acupuncture given with embryo transfer improves rates of pregnancy and live birth among women undergoing in vitro fertilisation.
- Increases the chances of having an ongoing pregnancy (beyond 12 weeks from gestation) by 87 per cent –
- Nearly doubles the chance of a successful live birth, increasing that by 91 per cent.
- 10 women would need to be treated with acupuncture in order to bring about one extra pregnancy.

Manheimer E, Zhang G et al Effects of acupuncture on rates of pregnancy and live birth among women undergoing in vitro fertilisation: systematic review and meta-analysis

http://www.bmj.com/content/336/7643/545.full
DEPRESSION

- COCHRANE REVIEW: “Overall, the St. John's wort extracts tested in the trials were superior to placebo, similarly effective as standard antidepressants, and had fewer side effects than standard antidepressants”
INTEGRATIVE MEDICINE: SUMMARY

INTEGRATIVE MEDICINE is a philosophy of healthcare practice that is becoming increasingly mainstream as:

- the focus on prevention through lifestyle modifications increases,
- the evidence base for complementary therapies increases,
- the evidence of adverse effects for some pharmaceutical interventions increases,
- the costs of high tech interventions increases
- Medical practitioners of the future, whatever their chosen speciality, will need and understanding of integrative concepts to enhance their patient care.
NEW THERAPEUTIC GUIDELINES

- “Expert panels” will need to include integrative practitioners and non-medical experts
- ALL colleges review evidence for non-pharmaceutical interventions and amend guidelines regularly
- “Evidence” needs to reach beyond pharmaceutical research
- Experts will need to declare any pharmaceutical industry sponsorship
- Experts will need to be willing to challenge conventional thinking and practice
- Post graduate education in integrative approaches will enhance patient care and clinician experience