COMPLEMENTARY THERAPIES IN LIFE-LIMITING CONDITIONS

This is a summary: the full paper can be accessed at nursingtimes.net

AUTHORS Janet Richardson, PhD, RN, CPsychol, is reader in nursing and health studies, Faculty of Health and Social Work, University of Plymouth; Karen Pilkington, MSc, MRPharmS, is senior research fellow, School of Integrated Health, University of Westminster.


This article describes how research on complementary and alternative medicine (CAM) was reviewed and the evidence selected to develop the CAMEOL (CAM Evidence OnLine) database. This database provides nurses and patients with access to summaries of research, and includes methodological appraisal, clinical comments and links to evidence.

INTRODUCTION

Finding reputable information about complementary and alternative medicine (CAM) is not easy. An internet search brings up well over a million sites, many of which are commercial or based on anecdotes.

Practitioners require a readily accessible, user-friendly database that covers safety as well as effectiveness. They also need details of study types as well as a synopsis of the research and its relevance to practice.

Therapies selected were those frequently sought by patients and those that have the potential to promote self-management.

METHOD

Comprehensive searches of major biomedical, specialist CAM, therapy and specialist condition-based databases were conducted, and efforts were made to identify unpublished and ongoing research.

Potential articles were given a ‘study type’ category, such as systematic review, randomised controlled trial (RCT), controlled clinical trial, uncontrolled study and qualitative study. Animal and basic laboratory-based research were excluded. No language limitations were imposed.

Studies were appraised and their methodological quality assessed using standardised data extraction and critical appraisal forms. Data included selection criteria and procedure, participants, intervention and any comparison or control intervention, aspects of methodology and outcome measures and results.

The information was organised in relational data storage and published via dynamic web interfaces such as the CAMEOL database (www.rccm.org.uk/cameol).

RESULTS

A series of systematic reviews over four years covered the evidence base for CAM in cancer, mental health, heart disease and stroke and long-term conditions (arthritis, asthma, back pain, diabetes and multiple sclerosis). Each review was published in a peer-reviewed journal or entered onto the CAMEOL website. Full references are available at nursingtimes.net

Cancer

Studies of hypnosis report statistically significant reductions in anticipatory and chemotherapy-induced nausea and vomiting. Hypnosis also significantly reduces pain and anxiety for children undergoing bone marrow aspirations or lumbar punctures. It has the potential to be a useful intervention for procedure-related pain and distress in paediatric cancer.

Aloe vera gel for radiation-induced skin reactions showed mixed results or no benefit. Mindfulness-based stress reduction (MBSR), which combines mindfulness meditation with hatha yoga exercises in an eight-week programme, improved mood, sleep quality and reduced stress.

Evidence to support use of acupuncture in breathlessness and therapy-induced dry mouth is limited. However, it might be more useful in relieving hot flushes with tamoxifen than black cohosh or homeopathy.

There is some evidence to suggest meditation can increase positive coping and optimism and reduce the severity and duration of chemotherapy nausea, and that yoga can reduce sleep disturbance and increase emotional well-being.

Diabetes

Acupuncture had been widely studied in the treatment of hyperglycaemia, neuropathy, gastroparesis, cerebral infarction-complicating diabetes and lipodystrophy. All studies reported an improvement in at least one outcome but they were almost all conducted in China and methodological details were limited.

Two small RCTs of yoga in the UK reported conflicting results. In the first, a significant difference in blood glucose control was observed and the majority described subjective improvements. In the second, improvements were not observed and insulin requirements stayed the same.

An RCT in India assessed a six-day intervention of Sudarshan kriya yoga, pranayama (breathing exercises), asanas (postures and stretches) and meditation alongside discussion on stress-free living and nutritional counselling. Beneficial effects were reported but a large proportion of participants failed to complete the programme. Another study reported improvement in diabetic neuropathy with yoga asanas but there were many limitations to this study.

Overall, the trials provided some limited evidence on beneficial effects of yoga. For most other therapies there had been only a few studies: one small uncontrolled trial of hypnotherapy reported improved compliance with treatment while two studies on reflexology reported improvements in foot care and general condition.

Mental health

Efficacy of acupuncture in depression has been addressed (Mukaino et al, 2005; Smith and Hay, 2005). The CAMEOL review of acupuncture in anxiety found 10 RCTs, four on acupuncture in generalised anxiety disorder or anxiety neurosis. Although findings were positive, the evidence was insufficient to support firm conclusions.
There is some limited evidence in favour of auricular acupuncture from six trials focusing on anxiety in the perioperative period. It is not possible to draw firm conclusions on the effectiveness of homeopathy for anxiety or depression. RCTs for anxiety reported contradictory results, were underpowered or provided insufficient details of methodology. Two on its use in depression were identified, one of which had problems recruiting patients.

Five RCTs of yoga in depression reported positive findings but must be interpreted with caution because the interventions and severity of depression varied and some methodological details were missing or inconsistent. Eight studies of yoga in anxiety reported positive results – particularly with obsessive-compulsive disorder – but again, no firm conclusions could be drawn about its use for anxiety in general because of the variation in conditions treated and the poor quality of most of the studies. More than 25 systematic reviews on St John’s wort for mild to moderate depression suggest that it is of benefit.

Massage appeared superior to no treatment or relaxation-based control, based on self-assessment in a range of anxiety-related situations. There was limited evidence of its positive effects in depression. One small study suggested that combining massage with aromatherapy was more effective than massage alone. Several studies are ongoing on the use of reflexology for anxiety or depressive disorders and there is limited evidence for the efficacy of meditation. Mindfulness-based cognitive therapy, which includes a meditation-type component, may be useful in preventing relapse among people who have recovered from depression.

Multiple sclerosis
Seven systematic reviews examining the effectiveness of CAM in multiple sclerosis were undertaken. Small t’ai chi studies suggest it shows promise in alleviating symptoms. Meditation requires active participation that may improve body awareness and empowerment but this may also increase attrition rates. No evidence to support the use of acupuncture, aromatherapy, massage, osteopathy and yoga in the treatment of MS-specific symptoms is available.

Stroke
The evidence from controlled trials of the effectiveness of acupuncture in stroke is not conclusive. In acute stroke, acupuncture ‘appeared to be safe but without clear evidence of benefit’ and trials were too small to be ‘certain whether acupuncture is effective for treatment of acute ischaemic or haemorrhagic stroke’ (Zhang et al, 2005). In addition, there was no clear evidence of benefit in stroke rehabilitation.

Two RCTs assessing the effectiveness of the homeopathic remedy arnica on mortality and severity of stroke found no conclusive benefit. One small RCT on hypnotherapy could not draw firm conclusions. Only one trial of a specific type of massage was located, which reported positive effects on a range of measures.

Other conditions
Initial searches indicated considerable efforts to identify and appraise the evidence in arthritis, asthma and low back pain via systematic reviews, so the CAMEOL project focused on these rather than primary studies.

CONCLUSION
A wide range of research literature on CAM in long-term and life-limiting illnesses is included in the CAMEOL database. This gives summaries and details of the research including methodological appraisal, clinical comments and links to evidence. Progress is being made to integrate this into the National Library for Health Complementary and Alternative Medicine Specialist Library (www.library.nhs.uk/cam).

Nurses will benefit from access to such resources when assessing the potential benefits and harm of CAM in order to be able to advise patients. Integration of CAM into nursing practice will need to be informed by the evidence and in the context of evaluation/audit programmes that monitor safety and effectiveness.

REFERENCES


Implications for Practice

- The quality of the evidence base for CAM is diverse, which makes it difficult to draw firm conclusions and make recommendations.
- The strongest evidence is in the use of a range of therapies in cancer and mental health – for example, hypnosis for chemotherapy-induced nausea and vomiting and painful procedures (specifically bone marrow aspirations and lumbar punctures); mindfulness-based stress reduction for better quality of life and stress reduction in cancer; St John’s wort for mild to moderate depression; and mindfulness-based cognitive therapy in the prevention of relapse in depression.
- While mindfulness-based cognitive therapy is included in guidelines on the management of depression (NICE, 2004), St John’s wort is not recommended in these guidelines.
- There are indications of potential benefits of massage and yoga in management of anxiety and mild depression.

For more clinical information log on to nursingtimes.net and NT Clinical and Archive and then Clinical Extra