The Contribution of Complementary Medicine to European Public Health - Towards a Research Agenda

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Notions

- Alternative Medicine
  - as an alternative to conventional treatment

- Complementary Medicine
  - in addition or complementing conventional treatment

- Unconventional Medical Interventions
  - an array of different techniques not normally taught or applied by academic medicine
**Notions - 2**

- Integrative Care
  - Patient centered
  - Using the best of both worlds
  - Integrate CAM best practices
    - where indicated
    - with evidence
Evidence Based Medicine (Sackett)

- Combination of
  - best available scientific data
  - clinical judgment of the clinician
  - preference of the patient
Patients

- 30-70% of European patients have used CAM/IM in Germany (Dr. Jung, Allensbach, ECIM, Berlin Oct 7-8 2011)
  - 40% of all patients are regular users of CAM and are convinced
  - 34% are part-time users and sympathetic
  - 60% want combination of conventional medicine and CAM
  - 80% of those with experience in acupuncture want it again
Outcome study in more than 5000 acupuncture patients (Guethlin, Lange & Walach BMC Public Health, 2004)

- 75% had chronic problems and visited conventional practitioners
- 73% took acupuncture because of low perceived efficacy and/or side effects of conventional treatment

- Want holistic treatments conforming to their world views
- Are pragmatic and follow experience
Problems

- 70% of all medical conditions chronic or functional
- Much conventional treatment inadequate or not very effective long-term
  - fibromyalgia and chronic pain
  - statins are ineffective in primary prevention of myocardial infarction (Ray, 2010, Arch Int Med)
Problems - 2

- Pharmacological treatments long term
  - often practiced
  - very little evidence
  - side effects and interactions
    - NSAIDs 5% of all prescriptions in the UK
      - 16,500 deaths
      - 100,000 hospitalisations in US (Coats, 2004, Clin Ther)
  - Iatrogenic problems 3rd important cause of death in the US (Starfield, 2000, JAMA)
Solutions

- CAM/IM has much on offer, yet is often underresearched
  - Hypericum for mild to moderate depression - good evidence, little side effects (Linde et al, Coch Datab, 2008; National Center Complem Med 2010)
  - Mindfulness Based Cognitive Therapy for Depression Relapse Prevention (5 Trials positive)
  - Tai Chi for fibromyalgia (Wang, 2010, N Eng J Med)
CAM/IM offers

- Acupuncture for treatment resistant seasonal allergic rhinitis (Brinkhaus, 2011, ECIM)
- Diet and nutrition might reverse type II diabetes - only experience, no data
- Homeopathy perhaps effective in fatigue (Davidson, 2011, J Clin Psych)
- Homeopathy saves money (Leone 2011, Homeop)
Evidence Gaps

- Effectiveness and cost-effectiveness for many interventions unclear
- Comparative effectiveness versus conventional treatments
- True integrative approaches
- Outcomes data and long term effectiveness and safety
# A Potential Role for CAM/IM in European Public Health in the Future

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## Knowledge and Evidence about CAM/IM and Conventional Medicine

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Costs

- Homeopathy cheaper in the long run (Witt et al 2005 CTM)
- Acupuncture more expensive short term, but cost effective long term (Witt et al 2008 Cephalalgia)
- Chiropractic saves money (110$ per case and problem), less surgery with less back and neck problems (California experiment) (Pelletier et al 2010 Explore)
- Ornish diet 7.000 $ compared with 30.000$ for microsurgery (Ornish 2009 Lancet Oncology)
Costs (ctd)

- Saving of 50 Mio AU$ if all depressed Australians were to use hypericum (National Institute of Complementary Medicine 2010)

- Mindfulness Based Cognitive Therapy for Depression Relapse Prevention more cost-effective and more effective than antidepressants (Segal et al 2010 Arch Gen Psych)

- Introduction of CAM into health system saves costs with some (homeopathy) modalities and does not add additional costs overall (Studer et al 2011 Forschende Komplementärmedizin)
Obstacles

- Medical Faculties (Opinion Leaders)
  - "mainstream" oriented
  - lot of stakes in classical pharmacological research
    - perhaps 80% funding or more from pharmaceutical companies
    - massive conflicts of interest?
  - e.g. STAR*D trial

Obstacles - 2

- Research support nearly exclusively from small charitable sources
  - small public programs in Switzerland, Germany, UK, Norway
  - Carstens-Foundation
  - Bosch-Foundation
  - Insurance Companies
- Very little industry support
- Sporadic EU funding
Situation Worldwide

- NCCAM
  - budget of 110-150 Mio$ funding per year
- Australian National Centre for CAM - closed down
- First EU funded research projects - CAMbrella
  - European coordination by ISCMR, no funds
- 7 endowed chairs of CAM or IM research in Germany, 3 positions in UK, 1 in Norway
- Rising campaign against CAM
Situation Worldwide - 2

- WHO has declared CAM/Traditional Medicine an important element in healthcare worldwide
  - Declaration of Beijing 2008
  - Challenges member states to support research and access to CAM/TM
- Conventional Western model of medicine not sustainable long term
  - in the West
  - worldwide
The Current Intellectual Bias

- Dominance of the pharmacological model
  - research to seek admission ---> trials

- Machine model of the organism
  - seek interventions as fixes
  - excludes activity of the "machine"
  - agency of patients and doctors ignored

- Does not justice to the complexity of the human situation and problems
  - CAM/IM interventions are complex
  - Need complex research agenda
What Needs to Happen?

- Dedicated European funds - Horizon 2020
  - ringfenced, focusing on model validity
  - specific and knowledgeable reviewers
  - integrated and for specific questions
    - outcomes in practice, cost-effectiveness
- European consortia
- strategy following the roadmap of CAMbrella
  - methods
  - targets
  - steps
Circular Model  Walach et al 2006 BMC Research Method

Complementarity of methods to balance respective strengths and weaknesses
Circular

- non experimental
  - quasi-experimental
    - Observation
      - Document
        - choice & preference
  - experimental
    - randomised
      - wait-list
        - pragmatic
          - RCT
            - specific efficacy
              - no choice & no preference