

Healthy ageing, chronic disease management and the potential contribution of Complementary and Alternative Medicine (CAM) in these areas.

This document reflects the position of EUROCAM, the alliance of European umbrella organisations of patients, physicians and practitioners in the field of Complementary and Alternative Medicine.

SUMMARY

The challenge of promoting healthy ageing which has now been given the priority it requires will be a serious challenge to Member State healthcare systems. Putting *health itself* and health maintenance at the centre of their policies, programmes, staff training and recruitment will require a fundamental rethink in approach to healthcare by all Member States.

The current disease-driven, reactive healthcare system gives only minor attention to prevention and the promotion of patients' health. In general, physicians are paid far more for technological intervention than for counselling their patients about lifestyle or other predisposing factors. Other approaches to maintaining health and preventing illness, such as those of Complementary and Alternative Medicine, are currently inadequately used.

For the proposed healthy ageing targets of the Innovation Partnership to be achieved, a paradigm shift in the approach to the provision of healthcare will be necessary. It is necessary to explore this in some detail and to outline the role complementary and alternative medicine, CAM, can play in this transformation.

Healthy Ageing requires a focus on societal health education, healthy lifestyles, and a reorientation of our existing primary care system. *Current gaps in healthcare service provision should be addressed through extending the system to include the concept of salutogenesis¹ and the holistic approach of Complementary and Alternative Medicine (CAM), with the integration of CAM methods.* CAM's twin objectives of maintaining health and treating illness in an individualised way, where the focus is on salutogenesis, and sustainable and safe treatment of illness, are inherently geared to supporting healthy active longevity, maintaining good health, and strengthening health for resistance to health threats.

Without such a new approach we will continue to spend more and more on health care and Europe is unlikely to meet the targets of the Innovation Partnership on healthy ageing. *A society in transition to holistic health-supporting values and practices will require the assistance of professionals to help them make appropriate lifestyle choices, learn self-care, and choose wisely when seeking professional help. Health psychologists, dual-trained physicians (in conventional Western medicine and CAM), CAM practitioners, specialised nurse practitioners, bodywork practitioners, nutritionists, mind-body technique instructors, and health coaches are examples of categories of workers who may help to fill existing needs. This is likely to lead to safer, more effective, cost-effective and affordable health delivery systems.*

¹ Salutogenesis, the origin of health, is a concept that focuses on resources, maintains and improves the movement towards health.

We share the vision for healthy ageing as it is formulated in the report ‘Healthy Ageing: A Challenge for Europe (Swedish Institute for Public Health, 2007)’: “Healthy ageing is the process of optimising opportunities for physical, social and mental health to enable older people to take part in society without discrimination and to enjoy an independent and good quality of life.”

Complementary and Alternative Medicine (CAM) is aimed at restoring the patients’ own natural systems for fighting disease and maintaining health and is therefore extremely relevant in chronic disease management. CAM:

- helps reduce the need of high-impact medical interventions and conventional prescription drugs and the long-term dependency on them.
- helps reduce the need of antibiotics, thus reducing the problem of microbial resistance.
- has a high patient satisfaction, increased quality of life, and reduction of absenteeism.
- is mostly low-cost treatment and helps reduce the need for high-cost interventions.
- is a safe treatment with hardly any adverse effects.
- has shown to have increasing evidence for its effectiveness and cost-effectiveness.

Therefore CAM can contribute to the above-mentioned vision for health ageing by:

- 1) Improving health maintenance, health literacy and supporting self-care
- 2) Prevention of illness
- 3) More personally and financially sustainable treatment methods for chronic diseases
- 4) Integration of the services of a large cohort of CAM health workers currently operating outside formal health systems
- 5) Retraining of existing healthcare workers in CAM holistic approaches to prevention and treatment.

Background

One reason why people live longer is that the health care system has become more proficient at treating infectious diseases and acute episodes. However, the system is being challenged by chronic non-communicable diseases and the rising costs of medical treatment not accompanied by corresponding improvements in health. Although people are living longer, chronic diseases are causing illness and disability among those surviving. The best that conventional evidence-based medicine has so far been able to offer is some degree of management of the disease or control of symptoms – sometimes not even that.

The role of Western medicine and its approach to health and disease

Western medicine or biomedicine has earned an impressive reputation, when it comes to emergency medicine, trauma, the treatment of life threatening conditions or conditions with irreversible tissue damage, and, in addition, the possibilities of medical technology — whether the use of miniature robots for surgery, genetic therapies, growing replacement organs and tissues.

Western medicine is based on a specific – biomedical – model which is so deeply interwoven within our society and healthcare system that it may be forgotten that it is but one way of thinking; one of many perspectives. The biomedical model concentrates only on somatic

aspects: the body is considered as an object, a complex machine. It narrowly focuses on pathological anatomy and patho-physiology and de-emphasizes overall wellness and welfare. Illness results from biochemical or localised tissue disruption or specific pathogen; disease is considered as an abnormal entity in the body. The treatment consists of combating disease by repairing, neutralising, or intervening in pathological process with the aid of chemical substances (drugs) or surgery, and is as much standardised as possible (treatment protocols and guidelines). The physician is primarily responsible, whereas the patient is a passive recipient of treatment, although compliance is expected.

Although Western medicine has brought much good, it has been increasingly acknowledged that it is failing in some major areas such as comprehensive patient care and the management of chronic disease conditions. As the burden of chronic illness has grown so has the dependency on drugs grown. It is the primary therapeutic response of conventional medicine to this area of disease management. The biomedical model itself, i.e. counteracting a pathological process with drugs, may lead to long-term dependency on these drugs including their 'adverse' effects ('adverse' effects are normal, but unwanted, effects of drugs). Because in biomedicine every medical condition is seen as a separate pathology and needs to be addressed accordingly, there is a great risk of polypharmacy, i.e. the use of multiple medications, especially in the elderly¹. Polypharmacy is associated with a decline in physical and instrumental activities of daily living, with negative consequences, such as increased risk of morbidity and mortality. In addition, it increases medical costs.

In their 2002 report *Safety of medicines* WHO stated that the morbidity and mortality caused by prescription drugs is one of the greatest health problems. The European Medicines Agency estimates that 197,000 deaths per year in the EU are caused by prescription drugs leading to a total cost to society in the EU of €79 billion².

Biomedicine is focused on combating infectious disease by killing germs. However, viruses and bacteria adapt over time to the drugs we expose them to. These have come to be known as superbugs. In reality, infection is always the result of two factors: exposure to a pathogen and the person's susceptibility. From this perspective, bacteria and viruses are not the cause of disease but at best are a 'co-factor' to disease. That also means that taking a conventional antibiotic may get rid of the pathogen, but they do not do anything to strengthen a person's immune system. This has led to the current situation in which more than 25,000 people in the EU die every year of bacterial infections that cannot be beaten by antibiotics. WHO fears the problem has now reached crisis level.

It becomes more and more important that our healthcare system becomes geared towards a holistic and individualised approach to preventing ill-health with a fundamental focus on maximising health and staying healthy for as long as possible. What is needed is a paradigm shift from a focus on defeating disease to one on promoting health and preventing or reducing disability. This would be integral to an enhanced chronic disease management emphasis.

The upsurge of Complementary and Alternative Medicine (CAM)

According to the WHO 70% to 80% of the population in many developed countries has used some form of Complementary and Alternative Medicine (CAM). In the USA a recent survey revealed ~ 40% of the population access CAM in one form or another. It is estimated conservatively that some 150 million EU citizens regularly use CAM products and practices in their health care. Chronically ill people are reported to use CAM two to five times³ more often than non-chronically ill people, which means that about one third of the chronically ill

people (30%) reported having used CAM. It can be expected that the future demand for CAM by older people has the potential to increase significantly.

Complementary and alternative medicine (CAM) refers to those practices that often come from older, cross-cultural perspectives of health and healing, and that often focus on lifestyle reevaluation and the mind/body interaction. It is in the area of the successful primary and secondary prevention and management of chronic disease that CAM modalities approaches have their most important contribution to make. However they may also be supportive in the treatment even in severe illness, when combined with conventional medicine or as stand-alone therapy.

It is important to realise that CAM is not solely a set of clinical interventions, it is a broad social movement that expresses a need to recast the meaning of health and disease. Factors underlying the increased popularity of CAM include the rise in prevalence of chronic diseases, an increase in public access to health information world-wide, reduced tolerance for paternalism, an increased sense of entitlement to quality of life, declining faith that scientific breakthroughs will have relevance for the personal management of the disease, increased sense of personal responsibility for health and health care, concern about the side effects of ever more potent drugs, and an increased interest and understanding that health involves a positive balance of all aspects of an individual's life from the physical through the mental and emotional to the spiritual.

A comparison of holistic and biomedical approach could give a misleading impression that there are just differences in the technology and instruments used. The essential difference however lies in the underlying paradigms, attitudes, and values.

The holistic model of Complementary and Alternative Medicine

In the holistic CAM model human beings are considered as adaptable, self-regulating, creative biological systems. Illness/disease is a disturbed life process with causes at physical, emotional, social, mental, spiritual levels. Patients themselves take the responsibility for their mental and physical health. Treatment involves mobilising and stimulating self-regulating capacity, restoring the balance in the psychosomatic system with the eventual aim: creating and maintaining the health and wellbeing and reinforcing the autonomy and resilience of the patient. Care is individualized and the responsibility lies with both the health professional and the patient.

CAM therapies are not specifically directed at attacking the symptoms or the immediate underlying pathology, but at reinforcing the resilience, resistance and immune system, at raising the level of overall health and thus pushing back the disease state. Improving the level of health implies reducing the susceptibility to illness and disease as well as addressing any already existing disease process. As such CAM approaches are not limited to simply addressing certain diseases but are universally applicable to patients suffering or threatened by all kinds of diseases. They can often be used as early first therapeutic options, thus greatly reducing the need for high-impact, high-cost interventions with potential adverse effects and for long-term dependency on conventional medication. In case of infectious diseases CAM modalities, by their capacity to boost the immune system, can reduce the need for antibiotics⁴, thus as well as the problem of microbial resistance.

CAM also has its limitations. Because protection of life itself always has the highest priority,

in serious, life-threatening diseases (sepsis, cancer, etc.) CAM therapies come second. If technical solutions are required (operations because of disabling anatomical abnormalities), CAM-therapies are not indicated.

The importance of prevention

The first point of call for most citizens concerning their health is when a visit to their GP is necessary for a health concern. Rarely do our health, education, environmental, or social care systems, policies and programmes promote being and staying as healthy as possible as an ingoing high priority objective in life. The current primary care system has yet insufficient focus on prevention through encouraging health lifestyles in citizens. Our current funding system generally rewards health professionals for treating an established condition. There are few resources available for GPs, other primary care providers or CAM practitioners to work proactively to prevent the development of chronic diseases in their community in the first place. There are almost no resources provided for the CAM practices and practitioners that can offer health education, lifestyle counselling and preventative help in the form of CAM treatments. Given that paying upstream for prevention is far more cost-effective than paying downstream for illness treatment, this approach does not make economic sense. Re-orienting primary care to focus on encouraging and supporting citizens being and staying healthy and on prevention requires funding to be directed to health activities, such as basic healthcare education, lifestyle counselling, healthy work-life balance, screening, early diagnosis services and health promotion.

We must move from a merely treatment-oriented framework of public health and a system of medical prevention that encourages passive citizens - to one where time, money and effort are invested in citizens being actively engaged staying healthy and preventing disease - i.e. prevention-focused society in which healthy lifestyles are promoted and sustained.

Prevention to be embedded into all health activities

There is some evidence that brief interventions during consultations with health practitioners can help individuals make changes to high-risk behaviour such as smoking, poor nutrition, excess alcohol consumption, too little physical activity and encouraging them to take greater self responsibility for their health. With respect to CAM surveys show that citizens use it for two main reasons: to maintain their health and prevent illness, and, for individualised care for illness, particularly chronic illness.

Surveys also show that it is in early middle age that citizens begin to regularly use CAM when awareness about the need to stay healthy and the onset of chronic illness tend to coincide, and when they are seeking methods to take care of their health in a positive and sustainable way. Surveys of user satisfaction report high levels of satisfaction and a range of benefits beyond the care of specific symptoms to those that promote health literacy, self responsibility for health and which motivate lifestyle change.

Being and staying healthy, chronic disease and lifestyle

Staying healthy is harder than avoiding the lifestyle and psychological habits that contribute to and/or cause disease. Primary prevention of chronic diseases is more challenging than primary prevention of infectious diseases because it requires changing health-impacting behaviours.

We exist in a social, cultural and familial setting and are influenced by the environment around us. To make the lifestyle and behavioural changes often needed for our state of health, we must pay attention to the many components that go into our choices and decision-making. Developing the awareness to know one's human strengths and weaknesses and to understand the impact of one's actions on one's health requires supported self-education. Efforts to change deeply-rooted and often culturally-influenced patterns of behaviours, such as diet, alcohol and tobacco use, and physical inactivity have been shown to be successful where there is positive engagement of the public health system together with health professionals.

Staying healthy and preventing disease requires the development of personal self-awareness and personal responsibility in citizens. The concept of self-care requires a daily conscious focus on one's physical, mental and emotional state and the ability to take corrective action whenever imbalance is sensed. An important and essential aid to achieving this awareness lies in being able to consult with health practitioners with an understanding of what lifestyle factors support good health as a guide to understanding the situation and arraying options, rather than as a technical expert expected to 'fix' it.

CAM practitioners by virtue of their education in methods that are all aimed at supporting the individuals own in-built homeostatic health maintaining capacities are in a unique position to play an important role in an evolved approach to healthcare in the future. With the aid of lifestyle advice, natural medicines and holistic therapies and supportive coaching techniques to help the patient's own commitment to change, the innate healing capacity of citizens facilitated to restore and maintain the balance we call health.

A whole new cohort of CAM health professionals is already potentially available to healthcare systems to bring this changed health agenda about. They can be offered additional training to prepare them to work within or alongside existing healthcare systems just as existing frontline health staff can be offered retraining in working with patient's on a more holistic prevention focused approach.

Context and delivery must also change so that the more time consuming provision of health awareness, health maintenance and prevention services can be provided. CAM practitioners are ideally suited to engage in helping deliver such services. Many of these services can be delivered effectively to groups. Relatively large-scale pilot projects delivering health awareness and health maintenance programmes combining conventional and complementary healthcare approaches co-funded by the Community and Member States should be established as part of the HAIP programme.

Our vision sees conventional and complementary and alternative practitioners functioning together within a systemically co-ordinated, interdisciplinary, holistic, and client-centred model of care, in a health care system that delivers an expanded repertoire of treatments that not only focuses on treating disease more holistically, but at the same time actively promotes the health and well-being of individuals and thereby society as a whole.

Does CAM belong to evidence-based medicine?

There is a widespread perception that Western medicine is based on solid evidence whereas CAM is not. Reality is different. Most decisions about conventional medical treatments rest on the individual judgments of clinicians and patients. The BMJ Clinical Evidence website shows that 11% of conventional medical treatments are beneficial, 23% are likely to be beneficial, whereas the effectiveness of 51% is unknown⁵.

As to the effectiveness of CAM therapies, observational studies in thousands of patients show consistent positive results in 40-70% of them as regards presenting disease symptoms, overall wellbeing and reducing the use of conventional medication⁶. The majority of these patients have chronic conditions, many have multiple pathologies and many have not responded to previous conventional treatment.

More rigorous research projects of the highest scientific standards have been conducted and published in leading international medical journals over the last few decades. Some studies demonstrate that the quality of scientific research in CAM is at least as good as in conventional medicine⁷.

Classical randomised controlled trials (RCTs) using standardised interventions are widely accepted as the gold standard for answering questions of efficacy, but they have their limitations, especially when applied to the study of CAM whole systems and the individualized treatment approach that is typical for CAM. Still, within these limitations a fair number of RCTs have been conducted and has proven the effectiveness of several CAM modalities. A review of 145 Cochrane reviews of CAM modalities⁸ revealed that 24.8% of these reviews demonstrated a positive effect, 12.4% a possibly positive effect, 4.8% no effect, 0.69% a detrimental effect, whereas 56.6% of the reviews were classified as insufficient evidence of an effect.

Research shows that some CAM treatments can be as effective as or even more effective than conventional treatments, with hardly any adverse effects and with greater patient satisfaction.⁹ CAM therapies can be effective where conventional treatments do not exist for the problem, are contraindicated, not tolerated or do not provide relief.

Quantity and quality of cost-effectiveness research in CAM has increased over the last few years. A limited number of studies have revealed promising indications for cost-savings by an extended use of CAM therapies in comparison with conventional treatment¹⁰. A recent example is a Dutch study including 150,000 individuals¹¹, which demonstrated that patients whose GP has additional training in homeopathy, acupuncture or anthroposophic medicine had substantially lower health care costs and lower mortality rates. The lower costs result from fewer hospital stays and fewer prescription drugs.

CAM practice and EU Public Health policy

The place of Complementary and Alternative Medicine straddles the gap between prevention through lifestyle modifications and the management and treatment interventions of conventional medicine. If lifestyle modifications, health psychology and/or mind-body techniques alone are not sufficient to restore health, full systems of Complementary and Alternative Medicine (complete systems of assessment and treatment) such as acupuncture, homeopathy, anthroposophic medicine, natural medicine, reflexology or shiatsu are especially appropriate first options to support and induce the self-regenerating process of the person.

For CAM professionals there is an obvious synergy between the underlying values and the practice objectives of the various CAM modalities and the three strategic objectives of the EU's current health strategy: fostering good health in an ageing Europe, protecting citizens from health threats and supporting dynamic health systems and new technologies.

As CAM is increasingly used by all members of society to address its chronic care needs, the corresponding role of public health to monitor and guide what may be perceived as an inevitable shift towards integrated health care becomes increasingly important. The practice of public health could play a pivotal role towards enhancing chronic disease management by integrating and aiding the common goals shared between primary health care and complementary and alternative medicine. In an integrated approach the most appropriate complementary/alternative medicine (CAM), conventional (biomedical) treatments, or both, are employed to address patients and their diseases from the most holistic perspective possible. The strength of an integrated approach is, through such integration, the limitations of one mode of care may potentially be offset by also using others.

Need for fundamental changes in the delivery of healthcare services

To improve health maintenance and chronic disease management there is need for fundamental changes in the organization and delivery of health care services. There is potential to do so through improved cooperation and collaboration between public health, primary health care and CAM, so that an integration of services may be achieved. The goal of integrated health services is to enhance health care equity wherein all individuals may have access to a full range and combination of health care services that can contribute to healthy living, reduced sickness and increase health-related quality of life. To achieve this requires a health care system that enables and supports a quest for optimal health.

In the United States, the demand for CAM is motivating more and more MCOs (managed care organizations) and insurance companies to assess the clinical and cost benefits of incorporating CAM. One of these MCOs, Kaiser Permanente¹², having millions of health plan members, over 150,000 employees, 15,000 physicians, 35 medical centres and 431 medical offices has accepted CAM with open arms¹³. Mental and physical health is enhanced by self-help groups empowering patients' awareness of their ability to manage their own health. Any therapy, either conventional or complementary, when shown to be a safe, effective method of care, is integrated into their total medical care program. Kaiser Permanente has concluded that less needless medications and medical procedures and more prevention and personal lifestyle changes can add up to big financial savings and big improvements in quality of life.

According to the holistic model, all illness has underlying emotional components that predispose one toward specific diseases. Evidence is accumulating that attitudes, stress, feelings of hopelessness, anger, and loss of control all influence our health, our behaviours, and our ability to cope with illness and the frailties of ageing. This field is beginning to generate data that provide the rationale for the practice of some of these self-care techniques, especially relaxation and group support, physical exercise adapted to the biographic situation, promoting creativity and positivism with arts etc. Evidence suggests that stress impairs the immune response, which is protecting against cancer, infections, and autoimmune diseases. The incidence of these illnesses increases as we age. Engaging in some form of stress reduction may be protective and may enhance our sense of control even when confronted by physical limitations. Many of these complementary practices, when done consistently, become life-affirming and empowering, no matter what the state of health or age. Older people are frequently undergoing life changes that make them more vulnerable to the effects of uncontrollable stress-immune system depression, psychological depression, and increase in chronic illness¹⁴. Stress-reduction and self-care strategies provide opportunities for choice and control that have positive effects on the health and well-being of older people.

The focus of a new integrated primary care system should therefore be the establishment of integrated primary care health centres providing consumer-focused, integrated primary care and preventive health services. This is achieved by the emphasis on health maintenance, self care and shared care, the emphasis on prevention and early intervention, on maximising the possibilities of treatment using a wider range of safe and effective approaches and harnessing the power of the therapeutic relationship. A primary health professional who acts as a partner, knows the patient well, is able to address mind, body, and spiritual needs, and coordinates care with the help of a team of practitioners is at the centerpiece. Collectively, the team can meet all the health needs of the particular patient and forms the patient-centered healthcare home. Health care teams should include conventionally trained physicians, psychologists and psychotherapists, dually trained physicians with skills in one or more CAM methods, conventionally and CAM-trained physiotherapists, CAM practitioners, lifestyle coaches, nutritionists, mindfulness/yoga instructors, body work and art therapists.

Utilising these should enable resources to be saved, which in turn can be used to pay for expensive medication or high tech care as and when it is needed. Such a primary care reform along with the implementation of health maintenance and prevention programmes across education, health, environmental and social services is the most important strategy for improving the health of our population and ensuring that our health system remains sustainable into the future.

Mental health

The current health programme calls for “promoting interdisciplinary cooperation between health professionals which addresses the links between mental and physical health and builds on the increasing understanding of their interdependence.” In CAM’s holistic approach this interdependence is an integral part of the consultation, analysis, treatment and follow-up by the patient. CAM already has models for working with this interdependence but this is not well recognised so far. Decline in capacity, isolation, loss of confidence are major issues for many older people. Many CAM modality practitioners can help with this.

Health Workforce

As recognised in DG SANCO’s Green Paper there are potential problems facing the availability of sufficient numbers of competent workers in the health workforce. Over recent years an increasing number of medical practitioners and other conventional health care workers have chosen to practise one or more of the CAM disciplines. Because many healthcare systems do not recognise CAM disciplines this has meant that many of these practitioners have left primary care and entered into private practice, thus taking the services of these practitioners out of the national healthcare system. Many would be happy to return to it if they could offer their CAM expertise as part of a more integrated and holistic approach to healthcare.

Public Health Systems

The current health programme aims to improve capacity in public health systems. It includes “ the development of public health professionals as well as the development of public health skills and knowledge of those who are not fulltime public health professionals.....(including other health professionals..)”

It is acknowledged now that there is a drain and a recruitment strain on medical professionals in Europe. At the same time there are a huge number of professionals working with CAM

mostly outside of official healthcare systems in private practice. Many of these practitioners are keen to offer their services within the national health service were these practices to be recognised.

Here, there is a significant untapped resource that can contribute to public health programmes on health determinants, healthy ageing, maintaining health, prevention and health information. They can contribute their unique knowledge and skills through integration into existing or new public health programmes, and, through contributing to the education of existing health professionals in the public health area.

Health Inequalities

Because the vast bulk of CAM is offered outside national healthcare provision it is those who can afford to pay for it who potentially benefit from it. There is research evidence that health maintenance is a primary reason for the use of CAM by those who can afford it. Given that it is statistically proven that the better off have better health it may be that their use of CAM is potentially contributing to their better health status. The potential added value of the availability of CAM to all citizens would appear to be very significant. Due to the uncertain and uneven legal circumstances across the Community in which CAM is practised patients are not able to access treatment across Member States. The HAIP could include specific projects that could address this question in itself and contribute to the healthy ageing agenda.

Win-win situation

Including CAM modalities in the EU health policy brings about a win-win situation:

For CAM users:

- Citizens begin to regularly use CAM when awareness about the need to stay healthy and the onset of chronic illness tend to coincide, and when they are seeking methods to take care of their health in a positive and sustainable way.
- User Satisfaction surveys report high levels of satisfaction and a range of benefits beyond the care of specific symptoms to those that promote health literacy, self responsibility for health and which motivate lifestyle change.
- “The potential health gains of a prevention programme are greater in the older population than among young people”.
“Even among older people, more health gain (i.e. productivity) can be achieved with a wider health promotion approach, rather than just preventative measures to tackle diseases.”¹⁵

For CAM professionals:

There is an obvious synergy between the underlying values and the practice objectives of the various CAM modalities and the key requirements of promoting healthy ageing.

For the EU itself:

- In the citizen satisfaction dividend of policy and programmes supported and/or funded by the Community.
- The introduction of a change in approach to healthcare with short and long-term positive implications for currently spiralling healthcare budgets.

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