Complementary and Alternative Medicine for innovative partnerships

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Chronic pain patients

- Trigeminal Neuralgia: 30 years
- TTH: 15 years
- Migraine: 25 years
- Post Herpetic Neuralgia: 2 years
- Low Back Pain: 3 years
- Neck Pain: 5 years
- Neck Shoulder Pain: 8 years
- Fibromyalgia: 12 years
- Fibromyalgia: 12 years
- Low Back Pain: 5 years
Low back pain since 2007, now severe episode for 6 weeks

Pain
- Intensity: 9/10 (max)
- Quality: Stabbing, oppressive pain

CT Scan/ MRI Scan:
- small herniation of disc,
- facet arthrosis, chondrosis

Previous treatments:
- Physiotherapy, NSAID, Relaxants,
- Injections (frequently)
- 3 weeks rehabilitation programm

Feels that herniated vertebral disc is the problem
Denies psychological aspects

Happy marriage, 3 daughters, working as a bus driver

Wife ill: very nervous about her health
problems with passengers
- anxious about his work (pain while sitting)
- worried whether he will be able to manage the family
Chronic pain disorder (low back pain) with somatic, psychological and social factors
Somatic: low back pain
- with myofascial triggerpoints *M. gluteus medius*, *M. quadratus lumborum*
  *M. piriformis* right/left
- with hypomobility of sacro iliac joint
- without neurological symptoms

Psycho: fear, anger

Social: labour unrest

Resistent to conventional treatment
Highest degree of chronicity (acc. to MPSS)
Chronic, moderate-to-severe, non-cancer pain affected almost **one in five** (19%) adults surveyed across Europe (n=46,394)

**Prevalence** was highest in Norway (30%, n=2,018), Poland (27%, n=3,812) and Italy (26%, n=3,849), where just over **one in four** adults reported suffering from chronic pain.

The median time during which people had been experiencing chronic pain was **seven years**, with one-fifth of respondents experiencing pain for 20 years or more (21%, n=4,839)

Nearly **one in five** chronic pain sufferers had lost a job as a result of their pain.

Over **40%** of people with chronic pain reported feelings of helplessness or inability to think or function normally.

[www.paineurope.com](http://www.paineurope.com)
In a german survey (N=11,000) 38% of patients had experienced an operation without longterm pain relieve.
‘Doctors can’t help much’: the search for an alternative

Paterson and Britten, Br J Gen Pract 1999

CAM?
Acupuncture works!

Acupuncture for Chronic Low Back Pain

The American College of Physicians and the American Pain Society have issued joint clinical practice guidelines recommending that clinicians consider acupuncture as one possible treatment option for patients with chronic low back pain.

Ca. 10,000 members
500 full days courses
Educational standards
Standards for practice
140 „Qualitätszirkel“
Comprehensive understanding of disease
However, singular treatments are not proven to be effective in long term in the treatment of chronic pain. This is true for conventional and CAM treatments!
Conventional Medicine

objectively

- Principle of cause and effect

CAM

subjectively

- Regulation
- Homeostasis
- Life style
Conventional Medicine

objectively

- High-tech medicine
- Classical surgery
- Pharmacology
- ...

CAM

subjectively

- Dietetics
- Meditation
- Qigong, Yoga
- Acupuncture
- Homeopathy
- Classical Natural Medicine
- ...

Irnich, 2010
Health Care Centers linking CAM & Conventional Therapies

- Education
- Knowledge
- Scientific evaluation

- Feasibility
- Demand
- Experience
- Data collection

- Diagnosis
- Data collection
- Trust

Primary Care linking CAM & Conventional Medicine

- Treatment
- Information
- Education

Patient
- Body
- Mind
- Social context

- Treatment
- Information
- Education
Health Care Centers
linking CAM & Conventional Therapies

Collaboration

Integration

Information

Primary Care
linking CAM & Conventional Medicine
What about Can?
MUNICH OUTPATIENT PROGRAM IN COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR CHRONIC PAIN (MOCAM)

Synergy of western and eastern traditional methods and evidence based pain treatment

Conventional medicine skills and CAM skills in the same unit

-> mind set

MOCAM is practically based, not theoretically!
Part 1
Interdisciplinary 4-week outpatient group program

Part 2
Continuous training once weekly

Part 3
Long time support: meetings, seminars, lectures, media
Diagnosis by conventional methods and CAM methods

- Physicians (Conventional + CAM)
- Psychologist
- Physiotherapist
- Questionnaires (Diagnostic findings)
- Further investigations if appropriate

Team meeting
Plan according to each patient’s individual needs

Final discussion with patient

Letter containing individual plan to patient and GP
MUNICH OUTPATIENT PROGRAM IN COMPLEMENTARY AND ALTERNATIVE MEDICINE FOR CHRONIC PAIN (MOCAM)

- Seminars
- Qigong
- Meditation
- Breathing Therapy
- Tuina
- Acupressure
- Physiotherapy
- Acupuncture in the group
- Analgetics
- Naturopathy
- Art Therapy
- Nutrition
- Hydrotherapy
- Injections
- Rhythmik
- Nerve blocks
Reinforce the confidence of patients

Individual identification of effective strategies for a self dependent prevention and coping with pain

To arouse and maintain the patients motivation for a continuous practice

Regular exchange of information with other patients

Reduction of health care system use
Emphasis is placed upon reinforcing

- self-confidence
- self-efficacy
- self-understanding
- self-responsability
- body awareness
Key variables:
• Intensity of pain
• Frequency of pain
• Characteristic of pain (SES)
• Quality of life (SF-36)
• General Depression Scale (ADS)
• Pain Disability Index (PDI)
• Health care system utilisation

Including criteria:
• Chronic pain
• Ability to work in a team
• Average pain intensity VAS >5

Date of Observation:
• t0: Start of Program
• t1: End of Program
• t2: After three months
• t3: After six months
• t4: After one year
• t5: After two years

Excluding criteria:
• Cancer Pain
• Personality disorder, psychosis
• judicial proceedings or claim for workers compensation or disability pension
### Characteristics of Patients

<table>
<thead>
<tr>
<th>N</th>
<th>297</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>54 years (mean, 18-86)</td>
</tr>
<tr>
<td>Sex</td>
<td>79.8% female</td>
</tr>
<tr>
<td>Duration of pain</td>
<td>105.75 months (mean)</td>
</tr>
<tr>
<td>Chronicity</td>
<td></td>
</tr>
<tr>
<td>I low degree</td>
<td>4.4%</td>
</tr>
<tr>
<td>II medium degree</td>
<td>23.6%</td>
</tr>
<tr>
<td>III high degree</td>
<td>65.4%</td>
</tr>
<tr>
<td>Additional symptoms</td>
<td>Vegetative symptoms</td>
</tr>
<tr>
<td></td>
<td>Depression, Fear, Isolation</td>
</tr>
<tr>
<td>Comorbidities</td>
<td>multiple</td>
</tr>
<tr>
<td>Previous treatments</td>
<td>10.4 doctor visits/6 months</td>
</tr>
<tr>
<td></td>
<td>15.9 treatments/6 months</td>
</tr>
<tr>
<td>Absence from work</td>
<td>43.4 days /6 months</td>
</tr>
</tbody>
</table>
Effect size (Cohen)

\[ d = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{(s_1^2 + s_2^2)/2}} \]

the larger the population, the more likely significance

0.2 – 0.5 small
0.5 – 0.8 medium
> 0.8 large
### Outcome measure

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>M/Sk</th>
<th>Headache</th>
<th>Spine</th>
<th>Neuropath</th>
</tr>
</thead>
<tbody>
<tr>
<td>pain_mean</td>
<td>t5</td>
<td>0.87</td>
<td>0.90</td>
<td>1.25</td>
<td>0.76</td>
</tr>
<tr>
<td>pain_max</td>
<td>t5</td>
<td>0.90</td>
<td>0.85</td>
<td>1.16</td>
<td>0.58</td>
</tr>
<tr>
<td>PDI (Pain Disability Index)</td>
<td>t5</td>
<td>0.91</td>
<td>0.79</td>
<td>1.71</td>
<td>0.64</td>
</tr>
<tr>
<td>SES_Affective perception</td>
<td>t5</td>
<td>0.77</td>
<td>0.77</td>
<td>0.93</td>
<td>0.68</td>
</tr>
</tbody>
</table>

N = 297

t5 = 2 years after the program

- 0.2 – 0.5 small effect
- 0.5 – 0.8 medium effect
- > 0.8 large effect
VAS 3/10 (before 8-9/10)
Returned to work
Physiotherapy, Qigong, Meditation most useful

General aspects
- experience that suffering from pain can be improved
- feeling of more body flexibility
- significant improvement in all dimensions of psychometric tests

Details
- acupuncture/TENS was not possible -> laser acupuncture
- continuation of qigong and meditation
- first aspects of introspection -> „may be psychotherapy“
Low Back Pain > 4 weeks

Primary care provider

Interdisciplinary Assessment

Evening program
30 hrs

2 week program
60 hrs

4 week Program
120 hrs

Short intervention
information
physiotherapy
acupuncture
Analgetics/herbal nerve blocks

health insurer

Münchner Naturheilkundliches Schmerzentensiv Programm Rücken (MNS-R)

Diagnostik und Therapie für Patienten mit Rückenschmerzen

Eine Kooperation der Siemens Betriebsskrankenkasse und dem Klinikum der LMU München Interdisziplinäre Schmerzambulanz Campus Innenstadt
Conventional treatment  CAM
Aims
reducing incidence of disease through preventive measures
integrating complementary interventions for better treatment outcomes
reducing unnecessary hospitalisations and costs of medicines and medical procedures