

Complementary and Integrative Medicine for Older Adults in Palliative Care



Madeline Leong, MD^{a,*}, Thomas J. Smith, MD^a,
Anastasia Rowland-Seymour, MD^b

KEYWORDS

- Integrative medicine • Complementary medicine • Alternative medicine
- Palliative care

KEY POINTS

- Complementary and Integrative Medicine can benefit patients in palliative care.
- Clinicians should ask patients about their use of complementary and alternative therapies.
- When prescribing natural products, clinicians should consider any natural product-drug interactions, patient comorbidities, and the quality or brand of the natural product.

INTRODUCTION

What is Complementary and Integrative Medicine?

Complementary and Integrative Medicine (CIM) refers to the use of nonmainstream therapies along with conventional treatment.¹ The Arizona Center for Integrative Medicine defines CIM as “healing-oriented medicine that ... emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies.”² Although “complementary medicine” and “integrative medicine” have been used interchangeably, the term “alternative medicine” indicates the use of a nonmainstream approach in place of conventional medicine.¹ Most nonconventional medicine modalities that are used in the United States are those used in addition to conventional medicine.³ In this article, the focus is on safe, effective CIM for older adults who require palliative care.

CIM is broad and encompasses diverse therapies. According to the National Center for Complementary and Integrative Health (NCCIH), 3 main categories of CIM are (1) natural products, (2) mind and body practices, and (3) other complementary health approaches.¹

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^a Department of Palliative Care, Johns Hopkins Hospital, 600 North Wolfe Street, Blalock 369, Baltimore, MD 21287, USA; ^b Program in Integrative Medicine, Division of General Internal Medicine, Johns Hopkins Hospital, 600 North Wolfe Street, Baltimore, MD 21287, USA

* Corresponding author.

E-mail address: mkunsbe1@jhmi.edu

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Natural products (ie, supplements) include herbs, botanicals, vitamins, minerals, probiotics, and other substances derived from natural sources. Examples of mind and body practices are acupuncture, massage, mediation, movement therapies, relaxation techniques, spinal manipulation, tai chi, qi gong, and yoga. Other complementary health approaches include Ayurvedic medicine, traditional Chinese medicine, homeopathy, and naturopathy.

Herein, natural products and mind and body practices are highlighted; an in-depth analysis of traditional Chinese medicine or Ayurvedic medicine is beyond the scope of this article.

In addition to being widely varied, CIM is extremely common, with 38.3% of the US population using complementary medicine modalities in 2007.⁴ CIM is similarly prevalent in older adults. In a study of 1445 Mexican Americans aged 65 or older, 31.6% used nonmainstream therapies.⁵ In a study of 95 African Americans aged 60 or older, 88.4% reported use of nonmainstream therapies in the past year.⁶ Overall, approximately 15% to 40% of older adults are thought to use nonmainstream therapies.⁷ Because these therapies can significantly impact health, especially in frail older adults, it is important to ask patients about their use.

Ask About Integrative Medicine

Although patients frequently use nonmainstream therapies, they may not actively disclose this information. In a recent survey of 1013 adults aged 50 or older, 67% had not discussed their use of nonmainstream therapies with a clinician.⁸ The primary reason for this (42%) was that the clinician never asked.

To encourage patients and physicians to discuss nonmainstream therapies, NCCIH created a public health campaign in 2008: *Time to Talk* provides resources for patients, clinicians, and community organizations.⁹ Various authors have proposed different ways to ask about nonmainstream therapies. One may ask, "Have you used any of the following types of complementary or alternative medicine in the past year: herbal products or dietary supplements, massage therapy or chiropractic manipulation, mind-body practices, or naturopathy?"⁸ A simpler alternative is to ask: "Are you doing anything else for this condition?"¹⁰

RECOMMENDATIONS FOR SPECIFIC SYMPTOMS

CIM can provide significant benefits for patients requiring palliative care. However, because of the immense scope of CIM, it is difficult to provide a discussion of every possible interaction between CIM and palliative care. Therefore, in this article, the focus is on the use of CIM to ameliorate physical symptoms in palliative care patients. Symptoms were selected based on the Memorial Symptom Assessment Scale, an instrument frequently used in palliative care. However, this article will not address depression, anxiety, or memory/concentration because these subjects are too broad for this review.

The following symptoms are reviewed: pain, nausea, fatigue, constipation, and diarrhea. Also included are brief recommendations for cough, dry mouth, pruritus, and anorexia.

Pain

Scenario 1

A 75-year-old man has a past medical history of Hepatitis C, peptic ulcer disease, and osteoarthritis. He complains of chronic bilateral knee pain. He takes 22 medications a day and has been counseled about polypharmacy. He asks for a "safe and natural" medication for his pain. What do you recommend?

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