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Effects of a pain education program in Complementary and Alternative Medicine treatment utilization at a VA medical center

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Summary
Background: Past studies have shown that U.S. Veterans are consumers of CAM. However, more than 75% of Veteran non-users report they would utilize these treatment options if made available. Thus, Veterans may not be fully aware of the CAM options currently available to them in the current U.S. VA health care system.
Objectives: The current study tested the hypothesis that Veterans would report an increase in CAM utilization after completing a formal pain education program in a VA medical center.
Design: The study used a quasi-experimental, one-group, pre/post-test design.
Setting: Midwestern, U.S. VA Medical Center.
Participants: The responses from 103 Veterans who elected to participate in the program and the assessment measures were included in the outcome analyses.
Intervention: ''Pain Education School'' is a 12-week, educational program that is open to all Veterans and their families. It is a comprehensive program that introduces patients to 23 different disciplines at the VA Medical Center that deal with chronic, non-cancer pain.
Main outcome measures: An adaptation of the Complementary and Alternative Medicine Questionnaire©, SECTION A: Use of Alternative Health Care Providers.
Results: There was a significant difference found in overall utilization of CAM after completing the pain education program. The most utilized CAM modality was the chiropractor; the least utilized were hypnosis and aromatherapy.

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Conclusions: Not all health care systems or providers may have access to an education-focused, professionally driven program as an amenity. However, lessons can be learned from this study in terms of what pain providers may be able to accomplish in their practice.
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Introduction

The field of chronic pain management seems to be witnessing the pendulum of care swing back toward the side of caution when prescribing opioids in reaction to the dramatic rise in analgesic use and overdose deaths among pain populations in the U.S.[1] In addition, recent studies have found little evidence to support the notion that opioids are more effective than other therapies.[2] Instead, pain providers are encouraged to consider an array of other conventional treatment options for the treatment of chronic pain, including non-opioid medications, physical therapy, behavioral programs, and interventional pain medicine.[3] Only after these options have been exhausted should the provider consider starting an opioid trial if the treatment goals are not met.[4] U.S. Veterans have voiced their dissatisfaction with prescription medications through their pursuit of complementary (used in conjunction with conventional medicine) and alternative (used in place of conventional medicine) medical modalities. Their perception tends to be that the current U.S. medical care system is lacking in ''holism,'' which is a cornerstone in chronic pain management.[5] The goal of chronic pain management should be to use a combination, or integration, of mainstream and complementary and alternative medical therapies for which there is some high quality scientific evidence.

Complementary and Alternative Medicine (CAM) is a group of medical and health care systems, practices, and products not presently considered to be part of conventional medicine in the U.S.[6] There are four general CAM categories: mind-body medicine (e.g., biofeedback, hypnosis, yoga), natural-biological based (e.g., aromatherapy and herbs), manipulation-body based (e.g., chiropractor, massage, spinal manipulation), and energy medicine (e.g., acupuncture and healing touch). Of note, recent congressional directives have mandated that the VA now provide chiropractic care (via hired or contracted staff) at major VA treatment facilities within the U.S. Unfortunately, an overwhelming majority of VA facilities do not have access to chiropractic care.[7] Also, the National Center for Complementary & Alternative Medicine (NCCAM) still considers spinal manipulation by chiropractors as a CAM modality and will henceforth be handled as such. There is promising scientific evidence to support the use of CAM for non-cancer pain conditions, such as low back pain (e.g. massage, spinal manipulation, progressive relaxation, and yoga), arthritis (e.g. acupuncture), and headaches (e.g. acupuncture and spinal manipulation); and limited support for neck pain (e.g. acupuncture and spinal manipulation).[6] Research has outlined several reasons why U.S. consumers pursue CAM, including (1) to improve or enhance energy; (2) for general wellness/general disease prevention; (3) to improve/enhance immune function; (4) because conventional medical treatments did not help; (5) because conventional treatments were too expensive; (6) because it was recommended by a health care provider; and/or (7) because it was recommended by family, friends, or co-workers.[8]

Past research has shown that U.S. Veterans are active consumers of CAM.[9–11] For example, about 33% of polled Veterans diagnosed with multiple sclerosis reported using multiple CAM interventions, and 40% expressed a desire to pursue other CAM interventions they were not currently receiving. Past research has shown that utilization of CAM treatments for chronic pain among Veterans is substantial despite being lower than the general population.[11] Past research has found that about 30—50% of Veterans report CAM use.[5,12] When investigating CAM utilization rates by Veterans with chronic, non-cancer pain, past findings have indicated that chiropractic care was the least preferred, while massage therapy was the most favored.[10] The 2002 Healthcare Analysis and Information Group (HAIG) Study on CAM Utilization in the U.S. Department of Veteran Affairs (VA) indicated that 84% of VA facilities provided or referred out for some form of CAM.[13] The most common modalities offered at that time included acupuncture, biofeedback, chiropractic care, hypnosis, music therapy, and relaxation techniques. Most CAM modalities were provided by conventionally trained practitioners and were typically integrated into treatment plans. However, there appeared to be limited oversight in training, experience, certification, and practice of CAM providers at that time. A CAM Workgroup was subsequently chartered in March 2003 to examine the appropriateness of CAM practices and processes in the VA. As a result, the workgroup recommended the VA form a Field Advisory Group to promote research, integration, and education on CAM within the VA, which was completed in 2010.

Past studies have shown that more than 75% of U.S. Veterans who are non-users of CAM would utilize these treatment options if available at the VA.[10] This finding suggests that Veterans are not fully aware of the CAM options available to them in the current U.S. VA health care system.[14] In concurrence with the VA's new goal to provide a bio-psycho-social-spiritual approach to health care, the purpose of the current study was to determine whether the 12-week, ''Pain Education School'' program developed at a Midwestern U.S. VA medical center benefited Veterans who suffer from chronic, non-cancer pain by providing education about available CAM modalities. Such an education-focused, professionally driven program assumes that if individuals are provided with adequate education, they will self-manage chronic pain.[15] The current study tested the hypothesis that Veterans would report an increase in overall CAM utilization after completing a formal pain education program in a VA medical center.