

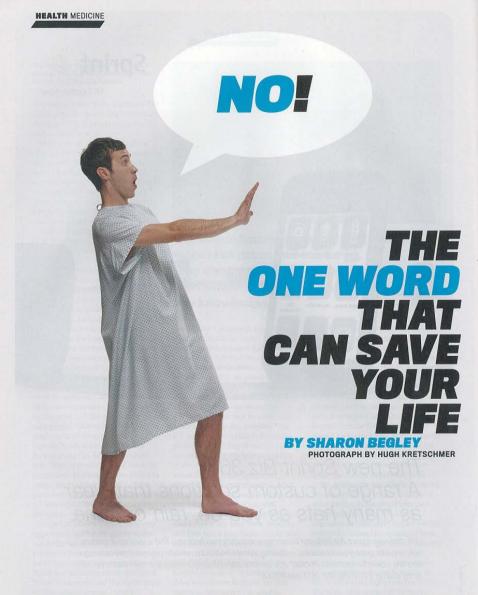


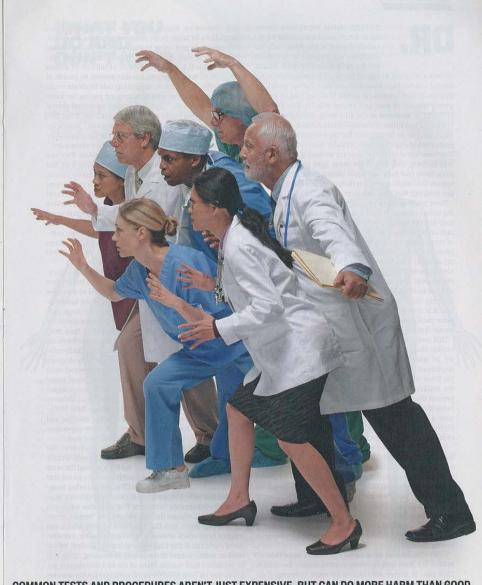
Lessons from Integrative Medicine: Sometimes Less Really is More

Dr. Josephine Briggs
Director
National Center for Complementary and Integrative Health
National Institutes of Health

May 3, 2017

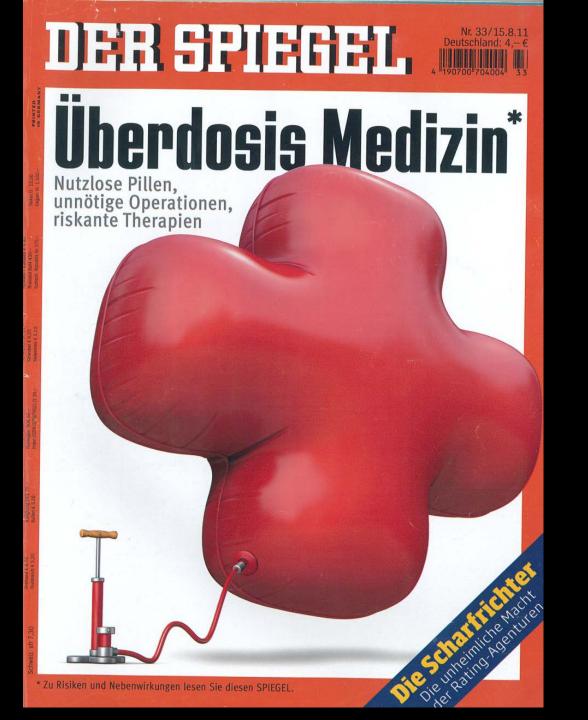






STENTS. KNEE SURGERY. EVEN THE OMNIPRESENT MRI. NEW RESEARCH SHOWS HOW SOME

COMMON TESTS AND PROCEDURES AREN'T JUST EXPENSIVE, BUT CAN DO MORE HARM THAN GOOD.



The intense current interest in complementary and integrative health reflects, in part, patient dissatisfactions with mainstream medicine.

Is there a simpler way?

Is there a 'natural' way'?

Can we avoid drugs?

Can I foster the healing process myself?

Quirky ideas

- Physical resistance training is good for people recovering from major physical trauma:

 Joseph Pilates, 1915
- Relaxation and breathing techniques help with pain of childbirth:

 Ferand Lamaze 1940
- Breast feeding is good for babies:

Edwina Froelich, La Leche League founder 1950's

 Extensive palliative support, and reduced medical interventions benefit dying patients:

Saunders, Wald, Kubler-Ross 1960's

Examples:

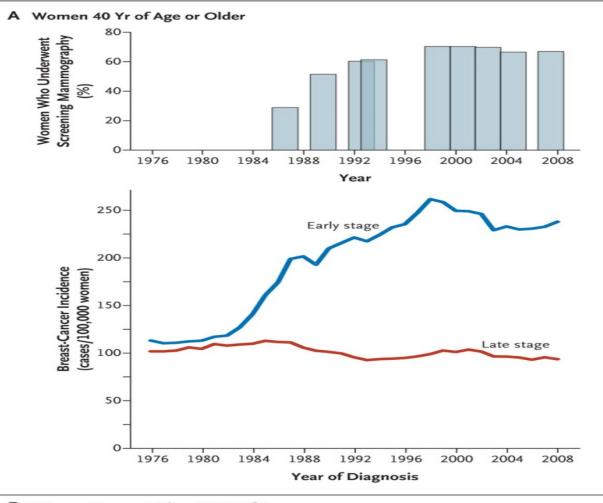
Pain management

Cancer screening

Pain management:

Cancer screening:

The price of imprecision



Women Younger Than 40 Yr of Age Incidence (cases/100,000 Early stage Breast-Cancer women) Late stage 1976 1980 1984 1988 1992 1996 2000 2004 2008 Year of Diagnosis

Use of Screening
Mammography and
Incidence of Stage-specific
Breast Cancer in the United
States, 1976-2008



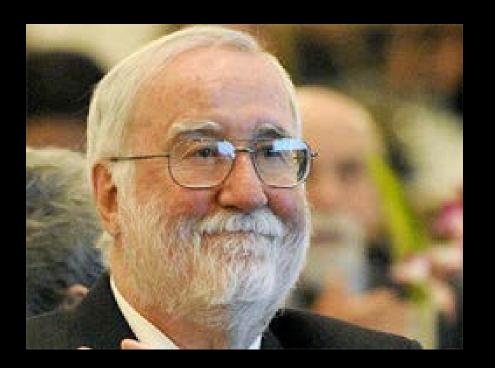
Bleyer A and Welch HG. Effect of Three Decades of Screening Mammography on Breast-Cancer Incidence. N Engl J Med 2012; 367:1998-2005.

Use of Screening Mammography and Incidence of Stage-specific Breast Cancer in the United States, 1976-2008

Screening, begun in the '80's, resulted in a tripling of the rate of diagnosis of breast cancer.

"Unfortunately, the number of women in the United States who present with distant disease, only 25% of whom survive for 5 years, appears not to have been affected by screening."

"We estimate that breast cancer was overdiagnosed (i.e. tumors were detected that would never have led to clinical symptoms) in 1.3 million U.S. women in the past 30 years."





Evidence based medicine: what it is and what it isn't

It's about integrating individual clinical expertise and the best external evidence

David L Sackett, William M C Rosenberg, J A Muir Gray, R Brian Haynes, W Scott Richardson

"The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. ..."

"By individual clinical expertise we mean... the more thoughtful identification and compassionate use of individual *patients'* predicaments, rights and preferences."

patients' predicaments

patients' rights

patients' preferences

Evidence-based health care

Our starting point is with the patients' predicaments

The importance of evidence

The challenge of truth telling

The challenge of misinformation

Bringing patients into the research planning process

- Information that patients value may go beyond the questions that trials typically try to answer;
- Patients remind researchers of quality of life issues: "I would never enroll in a trial like that."

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CLINICAL GUIDELINES | 4 APRIL 2017

Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians

Amir Qaseem, MD, PhD, MHA; Timothy J. Wilt, MD, MPH; Robert M. McLean, MD; Mary Ann Forciea, MD; for the Clinical Guidelines Committee of the American College of Physicians (*)

Strong recommendation

Weak or moderate quality evidence

BENEFIT Time and **Usual Care** New attention

control

intervention

Responses to Questions about the Likelihood That Chemotherapy Will Have an Effect, According to the Type of Effect and Diagnosis.

☐ Lung cancer (N=710) ☐ Colorectal cancer (N=483)



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ORIGINAL ARTICLE

Patients' Expectations about Effects of Chemotherapy for Advanced Cancer

Jane C. Weeks, M.D., Paul J. Catalano, Sc.D., Angel Cronin, M.S., Matthew D. Finkelman, Ph.D., Jennifer W. Mack, M.D., M.P.H., Nancy L. Keating, M.D., M.P.H., and Deborah Schrag, M.D., M.P.H.

N Engl J Med 2012; 367:1616-1625 October 25, 2012 DOI: 10.1056/NEJMoa1204410



Table 2. Odds Ratios for the Association between Various Factors and an Inaccurate Response to Questions about the Likelihood of Cure with Chemotherapy.*

Variable	Odds Ratio (95% CI)	P Value
Cancer type		<0.001
Lung	Reference	
Colorectal	1.75 (1.29-2.37)	
Age		0.06
21–54 yr	Reference	
55–69 yr	1.10 (0.77-1.57)	
70–79 yr	1.68 (1.10-2.57)	
≥80 yr	1.47 (0.77-2.80)	
Race or ethnic group		<0.001
White	Reference	
Hispanic or Latino	2.82 (1.51-5.27)	
Black	2.93 (1.80-4.78)	
Asian or Pacific Islander	4.32 (2.19-8.49)	
Other	3.07 (1.50-6.27)	
Integrated health care network		0.02
No	Reference	
Yes	0.70 (0.52-0.94)	
Baseline interview type		0.06
Full	Reference	
Brief	2.32 (1.03-5.26)	
With surrogate for ill patient	0.80 (0.54-1.19)	
Physician-communication score		0.002
0–79	Reference	
80–99	1.37 (0.93–2.02)	
100	1.90 (1.33–2.72)	

^{*} Odds ratios were calculated with the use of multivariable logistic regression. An odds ratio of more than 1 represents a greater likelihood of an inaccurate belief. Listed are variables with P<0.10 in the multivariable model. Full results for all variables that were included in the multivariable model are provided in Table S2 in the Supplementary Appendix.

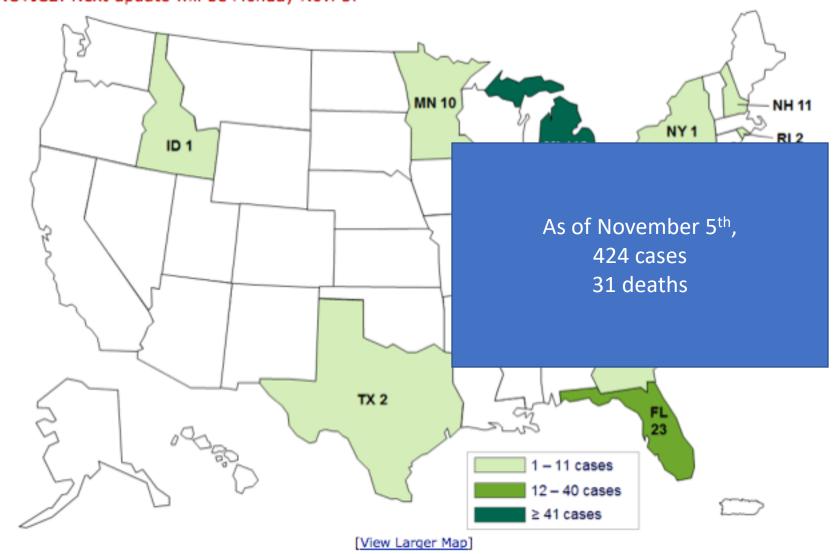
Odds Ratios for an Inaccurate Response to Questions about the Likelihood of Cure with Chemotherapy.



Truth telling

Cases with Fungal Infections Linked to Steroid Injections





Cases and Deaths with Fungal Infections Linked to Steroid Injections





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CME »

ORIGINAL ARTICLE

A Controlled Trial of Corticosteroid Injections into Facet Joints for Chronic Low Back Pain

Simon Carette, M.D., Sylvie Marcoux, M.D., Ph.D., René Truchon, M.D., Charlotte Grondin, M.D., Jacques Gagnon, M.D., Yves Allard, M.D., and Marie Latulippe, R.N.

N Engl J Med 1991; 325:1002-1007 October 3, 1991 DOI: 10.1056/NEJM199110033251405

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Published Online: February 16, 2011

Injection therapy for subacute and chronic low-back pain

Staal JB, de Bie R, de Vet HCW, Hildebrandt J, Nelemans P

Injection therapy is one of many treatments available for patients with subacute (longer than six weeks) and chronic (longer than 12 weeks) low-back pain. Where the injection is given, what drug is used and why the injection is given can all vary.

The injection can be given into different parts of the spine (the space between the vertebrae, around the nerve roots, or into the disc), ligaments, muscles or trigger points (spots in the muscles that when pressed firmly will produce pain). Drugs that reduce swelling (corticosteroids, non-steroidal anti-inflammatory (NSAIDs)) and pain (morphine, anaesthetics) are used. Injection therapy can be used for individuals with low-back pain with or without pain and other symptoms in the leg.

Find the research

Get full text in *The Cochrane Library* for this Review titled:

Injection therapy for subacute and chronic low-back pain

Primary Review Group: Back Group



Our starting point is with the patients' predicaments

The importance of evidence

The challenge of truth telling

The challenge of misinformation

Cheat death.

The antioxidant power of pomegranate juice:



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"Why Memory Loss Is Skyrocketing in America

and how you can trade brain drain for brain gain now!"

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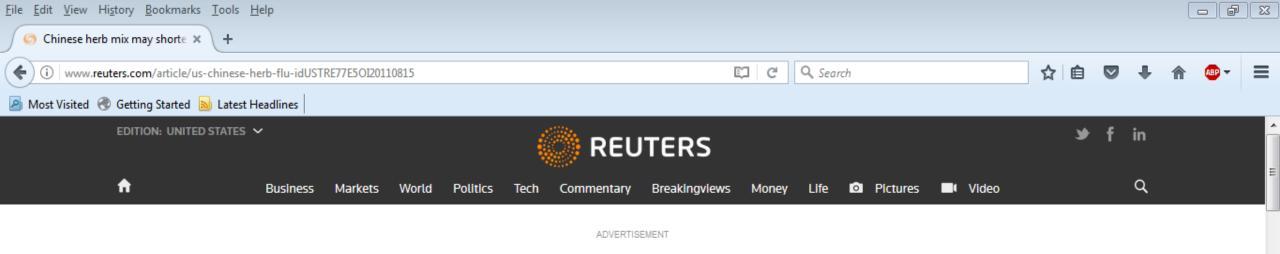
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HEALTH NEWS | Mon Aug 15, 2011 | 5:18pm EDT

Chinese herb mix may shorten flu fever









By Amy Norton | NEW YORK

(Reuters Health) - In mild cases of H1N1 influenza, a traditional Chinese herb mixture may relieve a fever about as well as the antiviral drug Tamiflu, researchers reported Monday.

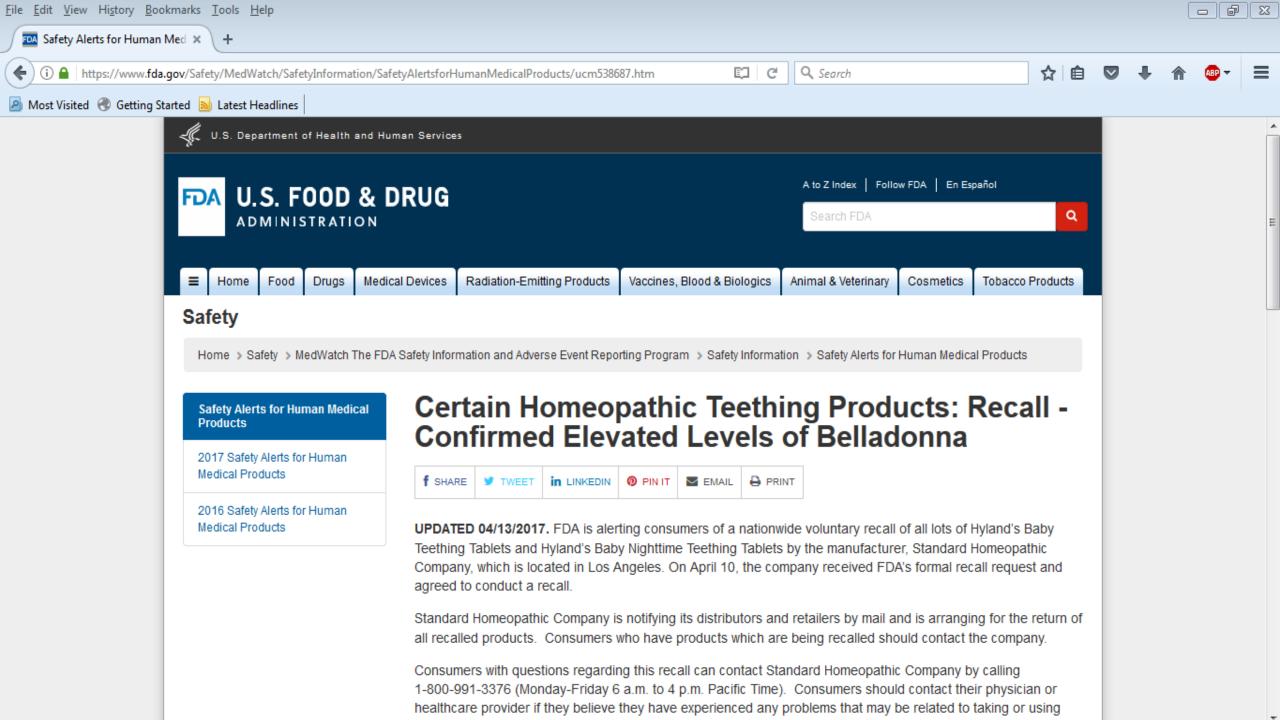
The herb product, called maxingshigan-yinqiaosan, is not widely available on store shelves in western countries.

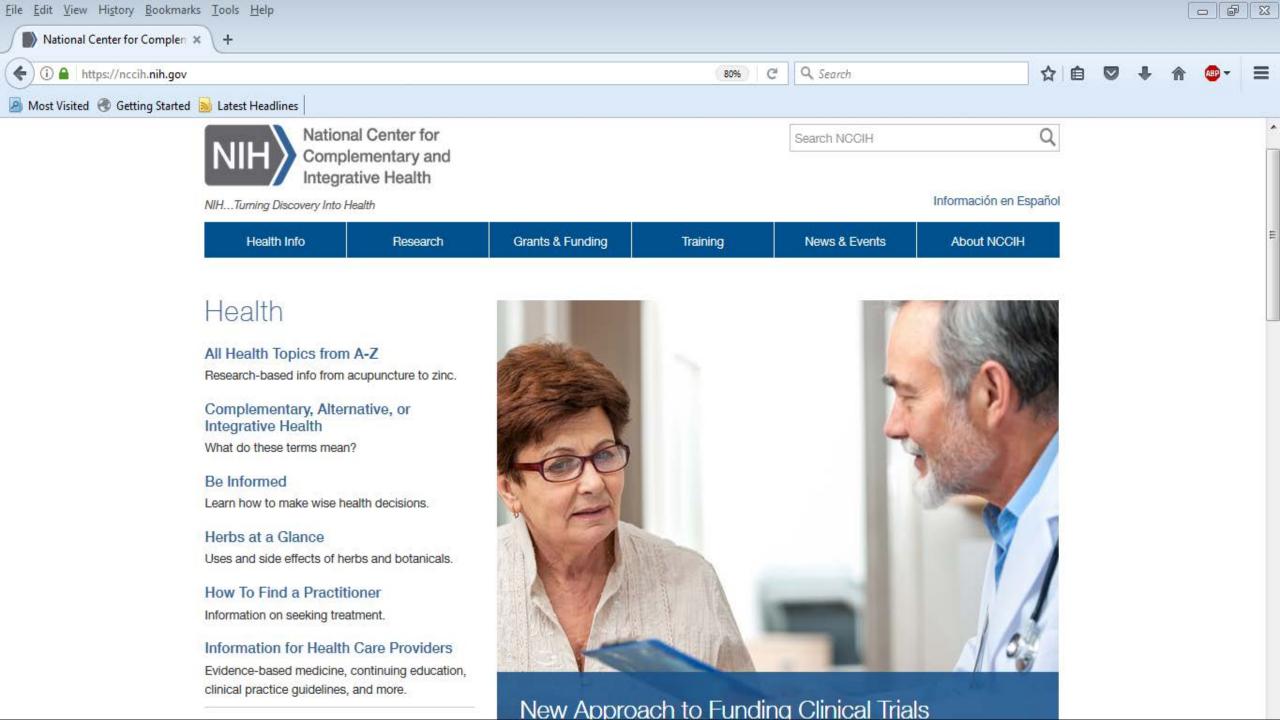
But in a study of 410 Chinese adults with H1N1 flu (also known as swine flu), those who took the herb mixture typically saw their fevers resolve after 16 hours, versus 26 hours in patients in a "control group" whose only flu treatment was acetaminophen (Tylenol) if their fever passed 102 degrees F.

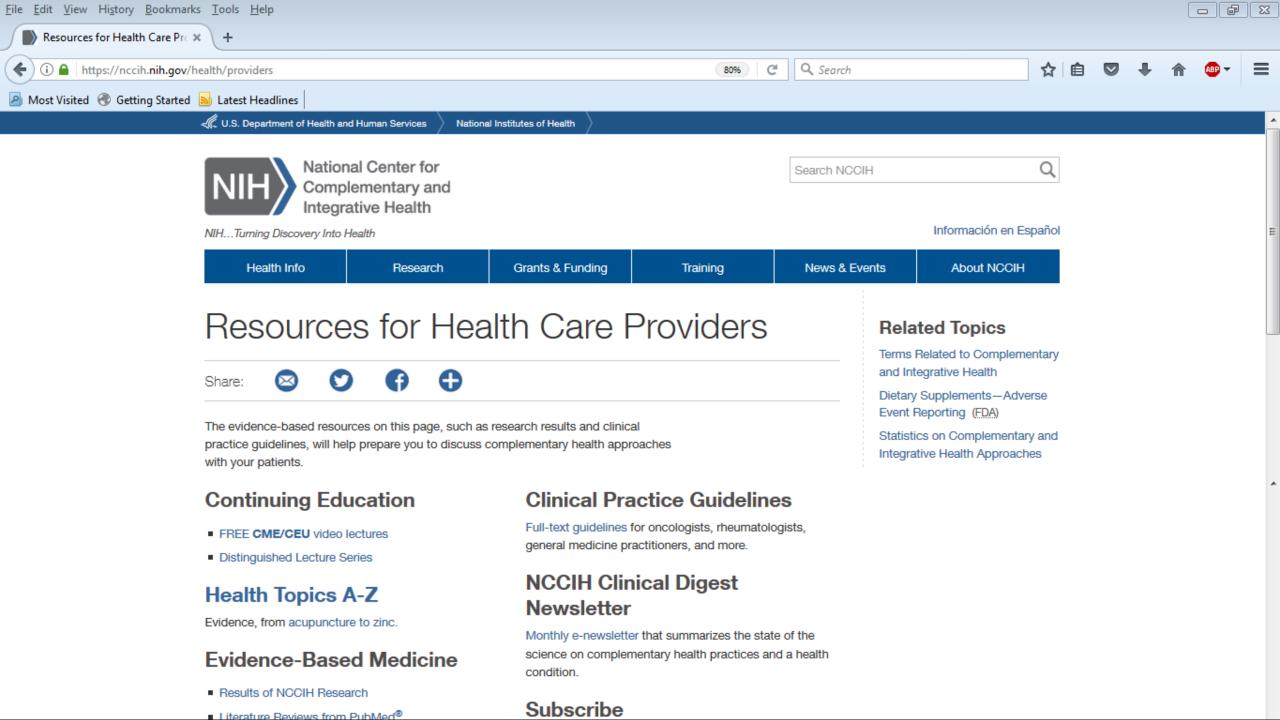
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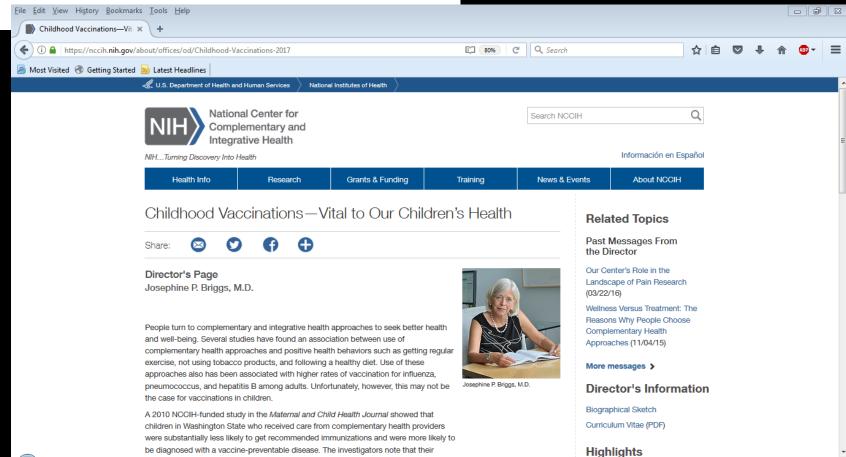






Pediatric Vaccination and Vaccine-Preventable Disease Acquisition: Associations with Care by Complementary and Alternative Medicine Providers

Lois Downey · Patrick T. Tyree · Colleen E. Huebner · William E. Lafferty







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