

Complementary and Integrative Medicine: Emerging Therapies for Diabetes, Part 2

Preface

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This is the second part of a two-part *Diabetes Spectrum* From Research to Practice section focusing on the use of complementary and integrative therapies for diabetes management. Part 1 (*Diabetes Spectrum* 14:129–160, 2001) included articles on vitamin and mineral supplements in diabetes management, the use of subtle energy therapies (magnetic and touch), and Traditional Chinese medicine as an example of an alternative system of healing.

In Part 2, we continue our exploration of integrative therapies and diabetes with an article by Laura Shane-McWhorter, PharmD, BCPS, FASCP, CDE, BC-ADM, on the use of botanical supplements in diabetes management (p. 199), a review of mind-body therapies by Birgitta I. Rice, MS, RPh, CHES (p. 213), and a discussion of body-based or manipulative therapies by Jeanette Ezzo, MsT, MPH, PhD, and associates (p. 218). We also include an interview with James Gordon, MD, director of the Center for Mind-Body Medicine at Georgetown University in Washington, D.C., and chair of the White House Commission on Complementary and Alternative Medicine Policy (p. 210). We are deeply appreciative of the time these individuals have given to further the education of diabetes clinicians in the area of integrative therapies. We, the guest editors, are also deeply grateful to the editorial team and staff of *Diabetes Spectrum* for allowing us adequate space and time to cover this important emerging area of medicine.

It is important for those of us who have been trained in conventional Western medicine and health care to become more familiar with those therapies that have commonly been referred to as “alternative” or “complementary” and to help bring about changes in our current health care sys-

tem that will ensure that patients and practitioners have the information necessary to choose from all potentially beneficial treatment modalities.

One reason it is important to learn about complementary and alternative medicine (CAM) is that the use of these therapies in the United States is increasing. In 1997, 42% of Americans had used an alternative medical therapy in the previous year. Total visits to complementary medical practitioners (629 million) exceeded total visits to U.S. primary care physicians (386 million).¹ In Canada, a recent survey found that ~75% of people with diabetes used nonprescribed supplements (herbal, vitamin, mineral, or other) and alternative medications.² Overall, research indicates that most people who use CAM therapies do so in addition to, rather than in place of, conventional medical treatments,^{2,3} although some do not receive any concurrent conventional medical care.⁴

A second and no less important reason we should know more about CAM therapies is that our health care system is not adequately meeting the needs, actual or perceived, of the people it is attempting to serve. That nearly half of all Americans are seeking guidance and medical care outside of the traditional medical system indicates the need for significant changes. Surveys exploring why people use CAM therapies and CAM providers³⁻⁶ have indicated that these patients may:

- believe CAM practitioners listen to their concerns,
- feel more a part of the decision making process,
- believe they receive better support,
- have concerns about the safety or effectiveness of conventional treatments,
- find CAM to be more consistent with their philosophical and spiritual belief system, and

- lack access to conventional treatments.

Interestingly, many of these issues relate not to the specific treatment being used but more to the way in which that treatment is provided.

Finally, we need to move toward a more integrated health care model because our current “two-system” health care model (conventional and alternative) is costly. Of primary concern are the costs in terms of health, which can mount when needed conventional care is delayed or omitted or when adverse reactions occur with the use of unproven therapies. The potential for adverse side effects is significant. Nearly 20% of all prescription drug users also use high-dose vitamin, mineral, or botanical supplements,¹ and just over half (51%) of all users of nontraditional therapies have no professional guidance, either from a complementary medical practitioner or from a conventional medical practitioner.⁷

The financial costs of CAM therapies also pose a significant burden for patients, the majority of whom are not reimbursed by third-party payers for CAM-related costs. In the United States, ~60% of the cost of CAM therapies, or \$12.2 billion, was paid out-of-pocket by individuals receiving such care. In Canada, people with diabetes spent an average of \$23.50/month on nonprescribed over-the-counter supplements and alternative medicines. This is nearly as much as the \$28.51/month they spent on prescription medicines.^{1,2}

Our current nonintegrated health care model is also not ideal for health care professionals. Fewer than half of the people who use CAM therapies discuss that use with their conventional care providers.¹ It is simply not possible to provide quality care in an environment in which we are not aware of the therapies our patients are using, their dissatisfaction with conventional treatments, or their beliefs

about health, medicine, and spirituality. Under a more integrated system, patients may feel more comfortable discussing the therapies they are considering. A more integrated system would also more easily allow for discussion and collaboration and for the sharing of medical records between conventional medical and other care practitioners.

So where do we go from here? Under our current conventional care system and despite extraordinary technological advances, we still do not provide the quality and types of care that many of our patients desire. This does not mean that we should embrace treatments and therapies that have not been shown to be safe or of therapeutic benefit. Our foremost concern must always be for the safety and efficacy of the treatments we recommend. However, we do need to begin developing a framework for a medical care system that will be capable of incorporating complementary therapies as they become better understood and better proven.

We need to create a health care system that is capable of looking at health, wellness, disease, and illness in broader terms and is able to accept that treatments may yield beneficial responses that we are not well equipped to measure. We need to evaluate new treatments based on their relative costs and benefits related to physical, psychological, and emotional well-being; the elimination of symptoms or disease; and their potential for causing harm. We need to support research into alternative therapies as well as into the utilization patterns, efficacy, and broadly defined benefits of all treatments, both conventional and complementary.

Steps we can each take to create a more integrated health care model include:

- becoming better educated about CAM therapies,
- approaching our patients' use of

alternative therapies with an open-minded, respectful manner,

- accepting therapies that provide individuals with a greater sense of wellness or well-being and that cause no harm,
- opening the lines of communication with, and referring to, licensed CAM providers when patients express interest in pursuing a CAM therapy that is safe,
- advocating good research and better regulation of CAM therapies and CAM practitioners, and
- advocating better tracking of adverse effects from CAM therapies.

We should also spend more time listening to our patients: Clearly, our attitudes about their ability to promote their own health and wellness can have a great impact on their feelings about disease, health, health behaviors, and the value of various treatments, both conventional and complementary.

References

- ¹Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M, Kessler RC: Trends in alternative medicine use in the United States, 1990–1997: results of a follow-up national survey. *JAMA* 280:1569–1575, 1998
- ²Ryan EA, Pick ME, Marceau C: Use of alternative medicines in diabetes mellitus. *Diabet Med* 18:242–245, 2001
- ³Astin JA: Why patients use alternative medicine: results of a national survey. *JAMA* 279:1548–1553, 1998
- ⁴Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL: Unconventional medicine in the United States: prevalence, costs and patterns of use. *N Engl J Med* 328:246–252, 1993
- ⁵Eisenberg DM: Advising patients who seek alternative medical therapies. *Ann Intern Med* 127:61–69, 1997
- ⁶Vincent C: Why do patients turn to complementary medicine? An empirical study. *Br J Clin Psychol* 35:37–48, 1996
- ⁷Angell M, Kassirer JP: Alternative medicine: the risks of untested and unregulated remedies. *N Engl J Med* 339:839–841, 1998